

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	26-0180	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/22/2009 TIME 11:06

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: CHRISTIAN HOSPITAL NORTHEAST 26-0180 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 5/22/2009 TIME 11:06

B.2QTxLXe2mKcGmp7qY6oznF.zEBDD
ifJmy01mYs8u96ePRw4U4ApLsEN0Rq
FQMV1EK60y0T8n2c

PI ENCRYPTION INFORMATION
DATE: 5/22/2009 TIME 11:06

40Rwisk7zxZMMFJN4LImoyykygbuv0
dLVNN0rIP4a5YbAovzbnnXPctRw5d
tmxMaAzJGt06Pavb

J. Katsanis
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Vice President - Finance
 TITLE
 5-26-09
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1 HOSPITAL	0		661,757		3,179
2 SUBPROVIDER	0		-7,268		0
2 .01 SUBPROVIDER II	0		850		0
5 HOSPITAL-BASED SNF	0		916		0
100 TOTAL	0		656,255		3,179
					-9,599,086

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 11133 DUNN ROAD P.O. BOX:
 1.01 CITY: ST. LOUIS STATE: MO ZIP CODE: 63136- COUNTY: ST. LOUIS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	26-0180	2.01	9/27/1975	4	5	6
03.00	SUBPROVIDER	26-T180		12/ 8/1983	N	P	P
03.01	SUBPROVIDER 2	26-S180		1/ 1/2003	N	P	O
06.00	HOSPITAL-BASED SNF	26-5291		10/ 7/1985	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008
 18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER
 20.01 SUBPROVIDER II

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 41180

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 26-0180 I FROM 1/1/2008 I WORKSHEET 5-2
I I TO 12/31/2008 I

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
100 0.9024 0.9006
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 1 7040 41180

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING % Y/N
28.04 RECRUITMENT 65.43% N
28.05 RETENTION 0.00%
28.06 TRAINING 0.00%
28.07 0.00%
28.08 0.00%
28.09 0.00%
28.10 0.00%
28.11 0.00%
28.12 0.00%
28.13 0.00%
28.14 0.00%
28.15 0.00%
28.16 0.00%
28.17 0.00%
28.18 0.00%
28.19 0.00%
28.20 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N N
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? Y
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
V XVIII XIX
1 2 3

- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 269026
- 40.01 NAME: BJC HEALTH CARE FI/CONTRACTOR NAME WPS FI/CONTRACTOR # 05301
- 40.02 STREET: 4444 FOREST PARK BLVD P.O. BOX:
- 40.03 CITY: ST. LOUIS STATE: MO ZIP CODE: 63108-
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 394,492
AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y	OR	N	LIMIT	Y	OR	N	FEE
	0	1	2	3	4	5	6	7	8
56 PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 N 0									
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0									
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0									
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0									

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
 ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
 FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N
 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN
 THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR
 "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y,
 ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING
 PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC
 YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) N N 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?
 ENTER "Y" FOR YES AND "N" FOR NO. N
 IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,
 CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS
 ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"
 DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 26-0180 I FROM 1/ 1/2008 I WORKSHEET S-3
I TO 12/31/2008 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
	1	2	2.01	3	4	4.01	5
1 ADULTS & PEDIATRICS	345	126,270			33,169		9,304
2 HMO							980
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	345	126,270			33,169		9,304
6 INTENSIVE CARE UNIT	26	9,516			2,875		762
7 CORONARY CARE UNIT	27	9,882			3,142		578
12 TOTAL	398	145,668			39,186		10,644
13 RPCH VISITS							
14 SUBPROVIDER	18	6,588			2,785		134
14 01 SUBPROVIDER 2	20	7,320			2,656		565
15 SKILLED NURSING FACILITY	24	8,784			2,861		44
25 TOTAL	460						
26 OBSERVATION BED DAYS							103
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / ALL PATS	TRIPS TOTAL ADMITTED	TRIPS TOTAL NOT ADMITTED	INTERNS & RES. FTES TOTAL	LESS I&R REPL NON-PHYS ANES
	5.01	5.02	6	6.01	6.02	7	8
1 ADULTS & PEDIATRICS			62,819				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			62,819				
6 INTENSIVE CARE UNIT			5,876				
7 CORONARY CARE UNIT			4,783				
12 TOTAL			73,478				
13 RPCH VISITS							
14 SUBPROVIDER			4,114				
14 01 SUBPROVIDER 2			4,322				
15 SKILLED NURSING FACILITY			4,087				
25 TOTAL							
26 OBSERVATION BED DAYS	4	99	1,050	76	974		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			749				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
	9	10	11	12	13	14	15
1 ADULTS & PEDIATRICS					6,062	1,321	13,159
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
12 TOTAL		1,542.30			6,062	1,321	13,159
13 RPCH VISITS							
14 SUBPROVIDER		18.10			216	7	324
14 01 SUBPROVIDER 2		18.55			225	60	504
15 SKILLED NURSING FACILITY		20.67					
25 TOTAL		1,599.62					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	77,158,745		77,158,745	3,298,336.00	23.39	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B	364,974		364,974	4,705.00	77.57	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)		71,654	71,654	2,928.00	24.47	
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	882,499	34,890	917,389	44,289.00	20.71	
8.01	EXCLUDED AREA SALARIES	5,875,346	104,849	5,980,195	291,250.00	20.53	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	4,644,454		4,644,454	83,234.00	55.80	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	173,291		173,291	1,878.00	92.27	
10	CONTRACT LABOR: PHYS PART A	1,143,967		1,143,967	11,784.00	97.08	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	7,368,103		7,368,103	181,510.00	40.59	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	19,149,731		19,149,731			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	2,017,983		2,017,983			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B	66,849		66,849			CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1,233,113	-98,649	1,134,464	41,732.00	27.18	
22	ADMINISTRATIVE & GENERAL	6,926,406	334,523	7,260,929	303,416.00	23.93	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	2,106,113	-17,224	2,088,889	161,165.00	12.96	
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING	1,479,017		1,479,017	146,188.00	10.12	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	75		75	6.00	12.50	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	1,753,815		1,753,815	56,070.00	31.28	
31	CENTRAL SERVICE AND SUPPLY	373,450		373,450	24,163.00	15.46	
32	PHARMACY	2,200,050		2,200,050	60,903.00	36.12	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,241,547	-297,384	2,944,163	151,351.00	19.45	
34	SOCIAL SERVICE	621,970		621,970	23,040.00	27.00	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	76,793,771	-71,654	76,722,117	3,290,703.00	23.31	
2	EXCLUDED AREA SALARIES	6,757,845	139,739	6,897,584	335,539.00	20.56	
3	SUBTOTAL SALARIES	70,035,926	-211,393	69,824,533	2,955,164.00	23.63	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	13,329,815		13,329,815	278,406.00	47.88	
5	SUBTOTAL WAGE-RELATED COSTS	19,149,731		19,149,731		27.43	
6	TOTAL	102,515,472	-211,393	102,304,079	3,233,570.00	31.64	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	19,935,556	-78,734	19,856,822	968,034.00	20.51	

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		1				
5	RVB		29				
6	RVA		15				
6 .01	RVX		50				
6 .02	RVL		319				
7	RHC		60				
8	RHB		19				
9	RHA		339				
9 .01	RHX						
9 .02	RHL						
10	RMC		17				
11	RMB		2				
12	RMA		58				
12 .01	RMX		286				
12 .02	RML		1,556				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		25				
16	SE2		43				
17	SE1						
18	SSC						
19	SSB						
20	SSA		34				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1		1				
45	AAA		7				
46	TOTAL		2,861				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 26-0180 I FROM 1/ 1/2008 I WORKSHEET S-7
I I TO 12/31/2008 I

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		TOTAL
			RUGs	SWING BED SNF DAYS	
	1	2	4.05	4.06	5
1	RUC				
2	RUB				
3	RUA				
3	.01 RUX				
3	.02 RUL				
4	RVC				
5	RVB				
6	RVA				
6	.01 RVX				
6	.02 RVL				
7	RHC				
8	RHB				
9	RHA				
9	.01 RHX				
9	.02 RHL				
10	RMC				
11	RMB				
12	RMA				
12	.01 RMX				
12	.02 RML				
13	RLB				
14	RLA				
14	.01 RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	AAA				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 20,771,490

17.01 GROSS MEDICAID REVENUES

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 20,771,490

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .309619

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 26-0180 I

I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I

I PREPARED 5/26/2009 I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				225,902	225,902
1.01	0101 OLD CAP REL COSTS-WHSE				5,482	5,482
1.02	0102 OLD CAP REL COSTS-B BLDG				16,292	16,292
1.03	0103 OLD CAP REL COSTS-PFD				189,188	189,188
1.04	0104 OLD CAP REL COSTS-CHIP				406,785	406,785
1.05	0105 OLD CAP REL COSTS-POB I				337,171	337,171
1.06	0106 OLD CAP REL COSTS-GRAHAM MOB				139,018	139,018
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				139,252	139,252
3	0300 NEW CAP REL COSTS-BLDG & FIXT				4,350,295	4,350,295
3.01	0301 NEW CAP REL COSTS-WHSE					
3.02	0302 NEW CAP REL COSTS-B BLDG					
3.03	0303 NEW CAP REL COSTS-PFD				60,500	60,500
3.04	0304 NEW CAP REL COSTS-CHIP				77,871	77,871
3.05	0305 NEW CAP REL COSTS-POB I				133,512	133,512
3.06	0306 NEW CAP REL COSTS-GRAHAM MOB				117,387	117,387
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,504,233	8,504,233
5	0500 EMPLOYEE BENEFITS	1,233,113	17,511,249	18,744,362	-1,509,551	17,234,811
6.01	0640 ADMITTING	1,266,135	188,315	1,454,450	-281,561	1,172,889
6.02	0650 CASHIERING	1,837,870	2,024,413	3,862,283	-2,230,266	1,632,017
6.03	0660 MENTAL HEALTH ADMINISTRATION	264,135	245,721	509,856	30,000	539,856
6.04	0661 ADMINISTRATIVE & GENERAL	3,558,266	53,522,877	57,081,143	-5,093,141	51,988,002
8	0800 OPERATION OF PLANT	2,101,589	3,852,587	5,954,176	888,798	6,842,974
8.01	0801 OPERATION OF PLANT- POB I	4,524	2,146	6,670		6,670
9	0900 LAUNDRY & LINEN SERVICE		1,061,747	1,061,747	-216	1,061,531
10	1000 HOUSEKEEPING	1,366,809	1,098,298	2,465,107	-7,456	2,457,651
10.01	1001 HOUSEKEEPING-POB I	112,208	43,569	155,777		155,777
11	1100 DIETARY	75	2,975,079	2,975,154	-48,845	2,926,309
12	1200 CAFETERIA		1,885,053	1,885,053	-11,166	1,873,887
14	1400 NURSING ADMINISTRATION	1,753,815	943,287	2,697,102	-361,036	2,336,066
15	1500 CENTRAL SERVICES & SUPPLY	373,450	2,065,342	2,438,792	-1,960,830	477,962
16	1600 PHARMACY	2,200,050	10,822,544	13,022,594	-10,473,484	2,549,110
17	1700 MEDICAL RECORDS & LIBRARY	3,241,547	1,100,135	4,341,682	-339,158	4,002,524
18	1800 SOCIAL SERVICE	621,970	55,712	677,682		677,682
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				71,654	71,654
24	2400 PARAMED ED PRGM				19,521	19,521
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	17,630,427	5,605,036	23,235,463	-585,484	22,649,979
26	2600 INTENSIVE CARE UNIT	3,932,231	1,359,323	5,291,554	-342,430	4,949,124
27	2700 CORONARY CARE UNIT	2,624,149	778,073	3,402,222	-188,996	3,213,226
31	3100 SUBPROVIDER	871,623	188,757	1,060,380	73,267	1,133,647
31.01	3101 SUBPROVIDER 2	914,664	396,168	1,310,832	-4,707	1,306,125
34	3400 SKILLED NURSING FACILITY	882,499	313,009	1,195,508	-17,930	1,177,578
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,475,144	11,700,476	16,175,620	-7,496,837	8,678,783
38	3800 RECOVERY ROOM	517,821	130,477	648,298	-68,503	579,795
40	4000 ANESTHESIOLOGY	43,276	4,905,706	4,948,982	-237,443	4,711,539
41	4100 RADIOLOGY-DIAGNOSTIC	3,856,372	3,869,278	7,725,650	-1,840,503	5,885,147
41.01	4101 C.T. SCAN	405,697	618,649	1,024,346	-333,040	691,306
44	4400 LABORATORY	4,516,618	4,578,719	9,095,337	-1,029,765	8,065,572
44.01	3340 G.I. LAB	569,605	521,232	1,090,837	-155,656	935,181
44.02	3650 VASCULAR LAB	215,172	145,189	360,361	-20,572	339,789
44.03	3420 LABORATORY-PATHOLOGY	168,329	162,657	330,986	42,906	373,892
47	4700 BLOOD STORING, PROCESSING & TRANS.	321,630	2,142,459	2,464,089	666,641	3,130,730
49	4900 RESPIRATORY THERAPY	2,611,558	887,963	3,499,521	-119,132	3,380,389
50	5000 PHYSICAL THERAPY	1,540,938	205,242	1,746,180	-201,121	1,545,059
51	5100 OCCUPATIONAL THERAPY	595,402	56,882	652,284	70,448	722,732
52	5200 SPEECH PATHOLOGY	163,580	21,146	184,726	40,355	225,081
53	5300 ELECTROCARDIOLOGY	1,189,345	5,401,036	6,590,381	-5,275,191	1,315,190
54	5400 ELECTROENCEPHALOGRAPHY	79,424	22,449	101,873	-11,132	90,741
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				16,070,181	16,070,181
56	5600 DRUGS CHARGED TO PATIENTS				10,372,236	10,372,236
57	5700 RENAL DIALYSIS		1,536,833	1,536,833	-22,450	1,514,383
59	3950 SHOCK THERAPY	90,114	23,366	113,480	-2,167	111,313
59.01	3190 PAIN MANAGEMENT & OP CHEMO	459,258	345,310	804,568	-12,281	792,287
59.02	3951 DIABETES CARE CENTER	102,095	110,307	212,402		212,402
59.03	3021 OP PSYCH	204,512	411,419	615,931	-15,801	600,130
59.04	3020 CARDIAC REHAB	159,603	25,975	185,578	-8,521	177,057
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,993,044	4,187,601	8,180,645	-528,200	7,652,445
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	3,027,988	1,216,725	4,244,713	-243,978	4,000,735
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	76,097,674	151,265,536	227,363,210	1,970,345	229,333,555
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 VISITOR MEALS					
96.02	9602 NON REIMBURSABLE B BLDG					
96.03	9603 ROOM RENTAL					
96.04	9604 NON REIMBURSABLE CHIP					
96.05	9605 NON REIMBURSABLE PFD					
96.06	9606 NON REIMBURSABLE HOSPITAL					
96.07	9607 NON REIMBURSABLE POB I					
96.08	9608 MEALS ON WHEELS					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 26-0180 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
96.09 9609	CATERING		257,916	257,916	-4,297	253,619
96.10 9610	RETAIL PHARMACY	510,921	4,014,411	4,525,332	-278	4,525,054
96.11 9611	PUBLIC RELATIONS	231,158	855,419	1,086,577	-77,488	1,009,089
96.12 9612	PHYSICIAN PRACTICE DEVELOPMENT	252,683	244,425	497,108	-40,147	456,961
96.13 9613	RECOVERY RESOURCES		8,128	8,128		8,128
98 9800	PHYSICIANS' PRIVATE OFFICES		1,399,908	1,399,908	-1,399,908	
98.01 9801	PHYSICIANS' PRIVATE OFFICES GRAHAM	66,309	488,814	555,123	-448,227	106,896
101	TOTAL	77,158,745	158,534,557	235,693,302	-0-	235,693,302

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 26-0180
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 5/26/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		225,902
1.01	0101 OLD CAP REL COSTS-WHSE		5,482
1.02	0102 OLD CAP REL COSTS-B BLDG		16,292
1.03	0103 OLD CAP REL COSTS-PFD	-64,966	124,222
1.04	0104 OLD CAP REL COSTS-CHIP	-186,317	220,468
1.05	0105 OLD CAP REL COSTS-POB I	-40,450	296,721
1.06	0106 OLD CAP REL COSTS-GRAHAM MOB		139,018
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	-80,288	58,964
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-117,061	4,233,234
3.01	0301 NEW CAP REL COSTS-WHSE		
3.02	0302 NEW CAP REL COSTS-B BLDG		
3.03	0303 NEW CAP REL COSTS-PFD		60,500
3.04	0304 NEW CAP REL COSTS-CHIP		77,871
3.05	0305 NEW CAP REL COSTS-POB I		133,512
3.06	0306 NEW CAP REL COSTS-GRAHAM MOB		117,387
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-116,734	8,387,499
5	0500 EMPLOYEE BENEFITS	-7,523,542	9,711,269
6.01	0640 ADMITTING		1,172,889
6.02	0650 CASHIERING		1,632,017
6.03	0660 MENTAL HEALTH ADMINISTRATION	-208,956	330,900
6.04	0661 ADMINISTRATIVE & GENERAL	-17,936,804	34,051,198
8	0800 OPERATION OF PLANT	-757	6,842,217
8.01	0801 OPERATION OF PLANT- POB I		6,670
9	0900 LAUNDRY & LINEN SERVICE		1,061,531
10	1000 HOUSEKEEPING		2,457,651
10.01	1001 HOUSEKEEPING-POB I		155,777
11	1100 DIETARY		2,926,309
12	1200 CAFETERIA	-1,184,029	689,858
14	1400 NURSING ADMINISTRATION		2,336,066
15	1500 CENTRAL SERVICES & SUPPLY		477,962
16	1600 PHARMACY	-4,500	2,544,610
17	1700 MEDICAL RECORDS & LIBRARY	-19,038	3,983,486
18	1800 SOCIAL SERVICE		677,682
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		71,654
24	2400 PARAMED ED PRGM		19,521
25	2500 INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-886,579	21,763,400
26	2600 INTENSIVE CARE UNIT		4,949,124
27	2700 CORONARY CARE UNIT		3,213,226
31	3100 SUBPROVIDER	-6,785	1,126,862
31.01	3101 SUBPROVIDER 2		1,306,125
34	3400 SKILLED NURSING FACILITY	-280	1,177,298
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-430,581	8,248,202
38	3800 RECOVERY ROOM		579,795
40	4000 ANESTHESIOLOGY	-4,439,016	272,523
41	4100 RADIOLOGY-DIAGNOSTIC	-32,065	5,853,082
41.01	4101 C.T. SCAN		691,306
44	4400 LABORATORY	-392,471	7,673,101
44.01	3340 G.I. LAB	-2,866	932,315
44.02	3650 VASCULAR LAB	-4,237	335,552
44.03	3420 LABORATORY-PATHOLOGY		373,892
47	4700 BLOOD STORING, PROCESSING & TRANS.	1,793	3,132,523
49	4900 RESPIRATORY THERAPY	-67,731	3,312,658
50	5000 PHYSICAL THERAPY	-26,048	1,519,011
51	5100 OCCUPATIONAL THERAPY	-1,769	720,963
52	5200 SPEECH PATHOLOGY		225,081
53	5300 ELECTROCARDIOLOGY		1,315,190
54	5400 ELECTROENCEPHALOGRAPHY		90,741
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,070,181
56	5600 DRUGS CHARGED TO PATIENTS		10,372,236
57	5700 RENAL DIALYSIS		1,514,383
59	3950 SHOCK THERAPY		111,313
59.01	3190 PAIN MANAGEMENT & OP CHEMO		792,287
59.02	3951 DIABETES CARE CENTER	-935	211,467
59.03	3021 OP PSYCH		600,130
59.04	3020 CARDIAC REHAB		177,057
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-1,653,304	5,999,141
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-5,794	3,994,941
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-35,432,110	193,901,445
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 VISITOR MEALS		
96.02	9602 NON REIMBURSABLE B BLDG		
96.03	9603 ROOM RENTAL		
96.04	9604 NON REIMBURSABLE CHIP		
96.05	9605 NON REIMBURSABLE PFD		
96.06	9606 NON REIMBURSABLE HOSPITAL		
96.07	9607 NON REIMBURSABLE POB I		
96.08	9608 MEALS ON WHEELS		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 26-0180 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
96.09 9609	CATERING		253,619
96.10 9610	RETAIL PHARMACY		4,525,054
96.11 9611	PUBLIC RELATIONS		1,009,089
96.12 9612	PHYSICIAN PRACTICE DEVELOPMENT		456,961
96.13 9613	RECOVERY RESOURCES		8,128
98 9800	PHYSICIANS' PRIVATE OFFICES		
98.01 9801	PHYSICIANS' PRIVATE OFFICES GRAHAM		106,896
101	TOTAL	-35,432,110	200,261,192

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-WHSE	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-B BLDG	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-PFD	0103	OLD CAP REL COSTS-BLDG & FIXT
1.04	OLD CAP REL COSTS-CHIP	0104	OLD CAP REL COSTS-BLDG & FIXT
1.05	OLD CAP REL COSTS-POB I	0105	OLD CAP REL COSTS-BLDG & FIXT
1.06	OLD CAP REL COSTS-GRAHAM MOB	0106	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-WHSE	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-B BLDG	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-PFD	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-CHIP	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-POB I	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-GRAHAM MOB	0306	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMITTING	0640	ADMITTING
6.02	CASHIERING	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.03	MENTAL HEALTH ADMINISTRATION	0660	OTHER ADMINISTRATIVE AND GENERAL
6.04	ADMINISTRATIVE & GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT- POB I	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING-POB I	1001	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
24	PARAMED ED PRGM	2400	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
34	SKILLED NURSING FACILITY	3400	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	C.T. SCAN	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
44.01	G.I. LAB	3340	GASTRO INTESTINAL SERVICES
44.02	VASCULAR LAB	3650	VASCULAR LAB
44.03	LABORATORY-PATHOLOGY	3420	LABORATORY-PATHOLOGICAL
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	SHOCK THERAPY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	PAIN MANAGEMENT & OP CHEMO	3190	CHEMOTHERAPY
59.02	DIABETES CARE CENTER	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.03	OP PSYCH	3021	ACUPUNCTURE
59.04	CARDIAC REHAB	3020	ACUPUNCTURE
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
65	AMBULANCE SERVICES	6500	
SPEC PURPOSE COST CE			
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	VISITOR MEALS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	NON REIMBURSABLE B BLDG	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	ROOM RENTAL	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	NON REIMBURSABLE CHIP	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	NON REIMBURSABLE PFD	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	NON REIMBURSABLE HOSPITAL	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	NON REIMBURSABLE POB I	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	MEALS ON WHEELS	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	CATERING	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
96.10	RETAIL PHARMACY	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	PUBLIC RELATIONS	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	PHYSICIAN PRACTICE DEVELOPMENT	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	RECOVERY RESOURCES	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
260180	FROM 1/ 1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 RECLASS CHIEF OF GYNECOLOGY	A	ADULTS & PEDIATRICS	25			15,000
2 RECLASS CHIEF OF PSYCHIATRY	B	MENTAL HEALTH ADMINISTRATION	6.03		15,000	15,000
3 RECLASS PHARMACEUTICALS	C	DRUGS CHARGED TO PATIENTS	56			10,372,236
4 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			16,095,173
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19 RECLASS PROF FEES TO REHAB	E	SUBPROVIDER	31		51,000	
20 RECLASS TAS COST CENTER	F	SUBPROVIDER	31		35,115	3,263
21		SKILLED NURSING FACILITY	34		34,890	3,242
22 RECLASS GI MEDICAL DIRECTOR	G	G.I. LAB	44.01		9,000	
23 RECLASS CARDIOTHORACIC SURGEON FEES	H	OPERATING ROOM	37			50,000
24 RECLASS POB 1 EXPENSES	I	OLD CAP REL COSTS-POB I	1.05			39,585
25		OLD CAP REL COSTS-POB I	1.05			286,531
26		NEW CAP REL COSTS-POB I	3.05			104,365
27		ADMINISTRATIVE & GENERAL	6.04			170,629
28		OPERATION OF PLANT	8			798,798
29 RECLASS PURCHASING VARIANCE	J	CENTRAL SERVICES & SUPPLY	15			1,898
30 RECLASS DEPRECIATION EXPENSE	K	OLD CAP REL COSTS-BLDG & FIXT	1			212,268
31		OLD CAP REL COSTS-WHSE	1.01			5,482
32		OLD CAP REL COSTS-B BLDG	1.02			16,292
33		OLD CAP REL COSTS-PFD	1.03			77,371
34		OLD CAP REL COSTS-CHIP	1.04			84,198
35		OLD CAP REL COSTS-POB I	1.05			11,055
1 RECLASS DEPRECIATION EXPENSE	K	OLD CAP REL COSTS-GRAHAM MOB	1.06			24,329
2		OLD CAP REL COSTS-MVBLE EQUIP	2			718
3		NEW CAP REL COSTS-BLDG & FIXT	3			4,161,075
4		NEW CAP REL COSTS-PFD	3.03			60,500
5		NEW CAP REL COSTS-CHIP	3.04			77,871
6		NEW CAP REL COSTS-POB I	3.05			29,147
7		NEW CAP REL COSTS-GRAHAM MOB	3.06			43,442
8		NEW CAP REL COSTS-MVBLE EQUIP	4			8,290,493
9 RECLASS INTEREST EXPENSE	L	OLD CAP REL COSTS-PFD	1.03			110,014
10		OLD CAP REL COSTS-CHIP	1.04			317,384
11		OLD CAP REL COSTS-MVBLE EQUIP	2			136,300
12		NEW CAP REL COSTS-BLDG & FIXT	3			199,582
13		NEW CAP REL COSTS-MVBLE EQUIP	4			210,292
14 RECLASS BOND ISSUANCE COSTS	M	OLD CAP REL COSTS-PFD	1.03			1,803
15		OLD CAP REL COSTS-CHIP	1.04			5,203
16		OLD CAP REL COSTS-MVBLE EQUIP	2			2,234
17		NEW CAP REL COSTS-BLDG & FIXT	3			3,272
18		NEW CAP REL COSTS-MVBLE EQUIP	4			3,448
19 RECLASS SURGERY CHIEF & PEDS CHIEF	N	OPERATING ROOM	37			30,000
20		ADULTS & PEDIATRICS	25			20,000
21 RECLASS VASCULAR LAB PROF FEES	O	VASCULAR LAB	44.02			10,200
22 RECLASS OBLIGATED CAPITAL	P	OLD CAP REL COSTS-BLDG & FIXT	1			13,634
23 RECLASS LAB ADMIN COSTS	R	LABORATORY-PATHOLOGY	44.03		43,310	36,323
24		BLOOD STORING, PROCESSING & TRANS.	47		363,262	304,661
25 RECLASS REHAB ADMINISTRATION	S	OCCUPATIONAL THERAPY	51		135,453	11,986
26		SPEECH PATHOLOGY	52		42,173	5,038
27 RECLASS ADMISSION KITS	T	ADULTS & PEDIATRICS	25			22,979
28		SUBPROVIDER	31			562
29		SUBPROVIDER 2	31.01			845
30		SKILLED NURSING FACILITY	34			606
31 RECLASS DEPARTMENTAL DEPRECIATION	V	ADMINISTRATIVE & GENERAL	6.04			4,504,469
32						
33						
34						
35						

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
260180	FROM 1/ 1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS DEPARTMENTAL DEPRECIATION	V				
2					
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34					
35					
36					
1 RECLASS DEPARTMENTAL DEPRECIATION	V				
2					
3					
4					
5 TO RECLASS CHAPLAIN RESIDENCY PROGRA	W	PARAMED ED PRGM	24	18,734	787
6 RECLASS FACILITY WIDE EXPENSES	X	ADMINISTRATIVE & GENERAL	6.04	1,682,940	2,796,390
7					
8					
9					
10					
11					
12					
13 RECLASS GRAHAM MOB EXPENSES	Y	OLD CAP REL COSTS-GRAHAM MOB	1.06		25,674
14		OLD CAP REL COSTS-GRAHAM MOB	1.06		89,015
15		NEW CAP REL COSTS-GRAHAM MOB	3.06		73,945
16		ADMINISTRATIVE & GENERAL	6.04		72,823
17		OPERATION OF PLANT	8		186,770
18 RECLASS INTERNS AND RESIDENTS	Z	I&R SERVICES-SALARY & FRINGES APPRVD	22	71,654	
36 TOTAL RECLASSIFICATIONS				2,502,531	50,246,200

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 260180	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/26/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS CHIEF OF GYNECOLOGY	A	ADMINISTRATIVE & GENERAL	6.04		15,000	
2 RECLASS CHIEF OF PSYCHIATRY	B	ADMINISTRATIVE & GENERAL	6.04	15,000	15,000	
3 RECLASS PHARMACEUTICALS	C	PHARMACY	16		10,372,236	
4 RECLASS MEDICAL SUPPLIES	D	ADULTS & PEDIATRICS	25		509,541	
5		INTENSIVE CARE UNIT	26		225,398	
6		CORONARY CARE UNIT	27		83,995	
7		SUBPROVIDER	31		13,899	
8		SUBPROVIDER 2	31.01		5,146	
9		SKILLED NURSING FACILITY	34		42,508	
10		CENTRAL SERVICES & SUPPLY	15		1,932,722	
11		OPERATING ROOM	37		6,953,610	
12		RECOVERY ROOM	38		6,538	
13		ANESTHESIOLOGY	40		223,168	
14		RADIOLOGY-DIAGNOSTIC	41		947,055	
15		ELECTROCARDIOLOGY	53		4,661,732	
16		RESPIRATORY THERAPY	49		33,482	
17		G.I. LAB	44.01		66,375	
18		EMERGENCY	61		390,004	
19 RECLASS PROF FEES TO REHAB	E	ADMINISTRATIVE & GENERAL	6.04	51,000		
20 RECLASS TAS COST CENTER	F	OCCUPATIONAL THERAPY	51	70,005	6,505	
21						
22 RECLASS GI MEDICAL DIRECTOR	G	ADMINISTRATIVE & GENERAL	6.04	9,000		
23 RECLASS CARDIOTHORACIC SURGEON FEES	H	ADMINISTRATIVE & GENERAL	6.04		50,000	
24 RECLASS POB I EXPENSES	I	PHYSICIANS' PRIVATE OFFICES	98		1,399,908	9
25						11
26						9
27						
28						
29 RECLASS PURCHASING VARIANCE	J	ADMINISTRATIVE & GENERAL	6.04		1,898	
30 RECLASS DEPRECIATION EXPENSE	K	ADMINISTRATIVE & GENERAL	6.04		13,094,241	9
31						9
32						9
33						9
34						9
35						9
1 RECLASS DEPRECIATION EXPENSE	K					9
2						9
3						9
4						9
5						9
6						9
7						9
8						9
9 RECLASS INTEREST EXPENSE	L	ADMINISTRATIVE & GENERAL	6.04		973,572	11
10						11
11						11
12						11
13						11
14 RECLASS BOND ISSUANCE COSTS	M	ADMINISTRATIVE & GENERAL	6.04		15,960	11
15						11
16						11
17						11
18						11
19 RECLASS SURGERY CHIEF & PEDS CHIEF	N	ADMINISTRATIVE & GENERAL	6.04		50,000	
20						
21 RECLASS VASCULAR LAB PROF FEES	O	ADMINISTRATIVE & GENERAL	6.04		10,200	
22 RECLASS OBLIGATED CAPITAL	P	NEW CAP REL COSTS-BLDG & FIXT	3		13,634	9
23 RECLASS LAB ADMIN COSTS	R	LABORATORY	44	406,572	340,984	
24						
25 RECLASS REHAB ADMINISTRATION	S	PHYSICAL THERAPY	50	177,626	17,024	
26						
27 RECLASS ADMISSION KITS	T	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		24,992	
28						
29						
30						
31 RECLASS DEPARTMENTAL DEPRECIATION	V	EMPLOYEE BENEFITS	5		10,002	
32		ADMITTING	6.01		10,024	
33		CASHIERING	6.02		78	
34		OPERATION OF PLANT	8		73,103	
35		LAUNDRY & LINEN SERVICE	9		216	

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS DEPARTMENTAL DEPRECIATION	V	HOUSEKEEPING	10			7,456	
2		DIETARY	11			48,845	
3		CAFETERIA	12			11,166	
4		NURSING ADMINISTRATION	14			361,036	
5		CENTRAL SERVICES & SUPPLY	15			30,006	
6		PHARMACY	16			101,248	
7		MEDICAL RECORDS & LIBRARY	17			2,026	
8		ADULTS & PEDIATRICS	25			62,268	
9		INTENSIVE CARE UNIT	26			117,032	
10		CORONARY CARE UNIT	27			105,001	
11		SUBPROVIDER	31			2,774	
12		SUBPROVIDER 2	31.01			406	
13		SKILLED NURSING FACILITY	34			14,160	
14		OPERATING ROOM	37			623,227	
15		RECOVERY ROOM	38			61,965	
16		ANESTHESIOLOGY	40			14,275	
17		RADIOLOGY-DIAGNOSTIC	41			893,448	
18		C.T. SCAN	41.01			333,040	
19		LABORATORY	44			282,209	
20		G.I. LAB	44.01			98,281	
21		VASCULAR LAB	44.02			30,772	
22		LABORATORY-PATHOLOGY	44.03			36,727	
23		BLOOD STORING, PROCESSING & TRANS.	47			1,282	
24		RESPIRATORY THERAPY	49			85,650	
25		PHYSICAL THERAPY	50			6,471	
26		OCCUPATIONAL THERAPY	51			481	
27		SPEECH PATHOLOGY	52			6,856	
28		ELECTROCARDIOLOGY	53			613,459	
29		ELECTROENCEPHALOGRAPHY	54			11,132	
30		RENAL DIALYSIS	57			22,450	
31		SHOCK THERAPY	59			2,167	
32		PAIN MANAGEMENT & OP CHEMO	59.01			12,281	
33		OP PSYCH	59.03			15,801	
34		CARDIAC REHAB	59.04			8,521	
35		EMERGENCY	61			138,196	
1 RECLASS DEPARTMENTAL DEPRECIATION	V	AMBULANCE SERVICES	65			243,978	
2		CATERING	96.09			4,297	
3		RETAIL PHARMACY	96.10			278	
4		PHYSICIAN PRACTICE DEVELOPMENT	96.12			378	
5 TO RECLASS CHAPLAIN RESIDENCY PROGRA	W	ADMINISTRATIVE & GENERAL	6.04		18,734	787	
6 RECLASS FACILITY WIDE EXPENSES	X	EMPLOYEE BENEFITS	5		98,649	1,400,900	
7		ADMITTING	6.01		238,181	33,356	
8		CASHIERING	6.02		1,031,502	1,198,686	
9		OPERATION OF PLANT	8		17,224	6,443	
10		MEDICAL RECORDS & LIBRARY	17		297,384	39,748	
11		PUBLIC RELATIONS	96.11			77,488	
12		PHYSICIAN PRACTICE DEVELOPMENT	96.12			39,769	
13 RECLASS GRAHAM MOB EXPENSES	Y	PHYSICIANS' PRIVATE OFFICES GRAHAM	98.01			448,227	9
14							11
15							9
16							
17							
18 RECLASS INTERNS AND RESIDENTS	Z	ADULTS & PEDIATRICS	25		71,654		
36 TOTAL RECLASSIFICATIONS					2,502,531	50,246,200	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

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RECLASS CODE: A
EXPLANATION : RECLASS CHIEF OF GYNECOLOGY

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	15,000	ADMINISTRATIVE & GENERAL	6.04	15,000
TOTAL RECLASSIFICATIONS FOR CODE A		15,000			

RECLASS CODE: B
EXPLANATION : RECLASS CHIEF OF PSYCHIATRY

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MENTAL HEALTH ADMINISTRATION	30,000	ADMINISTRATIVE & GENERAL	6.04	30,000
TOTAL RECLASSIFICATIONS FOR CODE B		30,000			

RECLASS CODE: C
EXPLANATION : RECLASS PHARMACEUTICALS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	10,372,236	PHARMACY	16	10,372,236
TOTAL RECLASSIFICATIONS FOR CODE C		10,372,236			

RECLASS CODE: D
EXPLANATION : RECLASS MEDICAL SUPPLIES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	16,095,173	ADULTS & PEDIATRICS	25	509,541
2.00		0	INTENSIVE CARE UNIT	26	225,398
3.00		0	CORONARY CARE UNIT	27	83,995
4.00		0	SUBPROVIDER	31	13,899
5.00		0	SUBPROVIDER 2	31.01	5,146
6.00		0	SKILLED NURSING FACILITY	34	42,508
7.00		0	CENTRAL SERVICES & SUPPLY	15	1,932,722
8.00		0	OPERATING ROOM	37	6,953,610
9.00		0	RECOVERY ROOM	38	6,538
10.00		0	ANESTHESIOLOGY	40	223,168
11.00		0	RADIOLOGY-DIAGNOSTIC	41	947,055
12.00		0	ELECTROCARDIOLOGY	53	4,661,732
13.00		0	RESPIRATORY THERAPY	49	33,482
14.00		0	G.I. LAB	44.01	66,375
15.00		0	EMERGENCY	61	390,004
TOTAL RECLASSIFICATIONS FOR CODE D		16,095,173	16,095,173		

RECLASS CODE: E
EXPLANATION : RECLASS PROF FEES TO REHAB

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	51,000	ADMINISTRATIVE & GENERAL	6.04	51,000
TOTAL RECLASSIFICATIONS FOR CODE E		51,000			

RECLASS CODE: F
EXPLANATION : RECLASS TAS COST CENTER

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	38,378	OCCUPATIONAL THERAPY	51	76,510
2.00	SKILLED NURSING FACILITY	38,132			0
TOTAL RECLASSIFICATIONS FOR CODE F		76,510	76,510		

RECLASS CODE: G
EXPLANATION : RECLASS GI MEDICAL DIRECTOR

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	G.I. LAB	9,000	ADMINISTRATIVE & GENERAL	6.04	9,000
TOTAL RECLASSIFICATIONS FOR CODE G		9,000			

RECLASS CODE: H
EXPLANATION : RECLASS CARDIOTHORACIC SURGEON FEES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	50,000	ADMINISTRATIVE & GENERAL	6.04	50,000
TOTAL RECLASSIFICATIONS FOR CODE H		50,000			

RECLASSIFICATIONS

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260180	FROM 1/1/2008	5/26/2009
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RECLASS CODE: I
EXPLANATION : RECLASS POB 1 EXPENSES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-POB I	1.05	39,585	PHYSICIANS' PRIVATE OFFICES	98	1,399,908
2.00	OLD CAP REL COSTS-POB I	1.05	286,531			0
3.00	NEW CAP REL COSTS-POB I	3.05	104,365			0
4.00	ADMINISTRATIVE & GENERAL	6.04	170,629			0
5.00	OPERATION OF PLANT	8	798,798			0
TOTAL RECLASSIFICATIONS FOR CODE I			1,399,908			1,399,908

RECLASS CODE: J
EXPLANATION : RECLASS PURCHASING VARIANCE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	1,898	ADMINISTRATIVE & GENERAL	6.04	1,898
TOTAL RECLASSIFICATIONS FOR CODE J			1,898			1,898

RECLASS CODE: K
EXPLANATION : RECLASS DEPRECIATION EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	212,268	ADMINISTRATIVE & GENERAL	6.04	13,094,241
2.00	OLD CAP REL COSTS-WHSE	1.01	5,482			0
3.00	OLD CAP REL COSTS-B BLDG	1.02	16,292			0
4.00	OLD CAP REL COSTS-PFD	1.03	77,371			0
5.00	OLD CAP REL COSTS-CHIP	1.04	84,198			0
6.00	OLD CAP REL COSTS-POB I	1.05	11,055			0
7.00	OLD CAP REL COSTS-GRAHAM MOB	1.06	24,329			0
8.00	OLD CAP REL COSTS-MVBLE EQUIP	2	718			0
9.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,161,075			0
10.00	NEW CAP REL COSTS-PFD	3.03	60,500			0
11.00	NEW CAP REL COSTS-CHIP	3.04	77,871			0
12.00	NEW CAP REL COSTS-POB I	3.05	29,147			0
13.00	NEW CAP REL COSTS-GRAHAM MOB	3.06	43,442			0
14.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,290,493			0
TOTAL RECLASSIFICATIONS FOR CODE K			13,094,241			13,094,241

RECLASS CODE: L
EXPLANATION : RECLASS INTEREST EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-PFD	1.03	110,014	ADMINISTRATIVE & GENERAL	6.04	973,572
2.00	OLD CAP REL COSTS-CHIP	1.04	317,384			0
3.00	OLD CAP REL COSTS-MVBLE EQUIP	2	136,300			0
4.00	NEW CAP REL COSTS-BLDG & FIXT	3	199,582			0
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	210,292			0
TOTAL RECLASSIFICATIONS FOR CODE L			973,572			973,572

RECLASS CODE: M
EXPLANATION : RECLASS BOND ISSUANCE COSTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-PFD	1.03	1,803	ADMINISTRATIVE & GENERAL	6.04	15,960
2.00	OLD CAP REL COSTS-CHIP	1.04	5,203			0
3.00	OLD CAP REL COSTS-MVBLE EQUIP	2	2,234			0
4.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,272			0
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,448			0
TOTAL RECLASSIFICATIONS FOR CODE M			15,960			15,960

RECLASS CODE: N
EXPLANATION : RECLASS SURGERY CHIEF & PEDS CHIEF

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	30,000	ADMINISTRATIVE & GENERAL	6.04	50,000
2.00	ADULTS & PEDIATRICS	25	20,000			0
TOTAL RECLASSIFICATIONS FOR CODE N			50,000			50,000

RECLASS CODE: O
EXPLANATION : RECLASS VASCULAR LAB PROF FEES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	VASCULAR LAB	44.02	10,200	ADMINISTRATIVE & GENERAL	6.04	10,200
TOTAL RECLASSIFICATIONS FOR CODE O			10,200			10,200

RECLASSIFICATIONS

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RECLASS CODE: P
EXPLANATION : RECLASS OBLIGATED CAPITAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	13,634
TOTAL RECLASSIFICATIONS FOR CODE P			13,634

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	13,634	
		13,634	

RECLASS CODE: R
EXPLANATION : RECLASS LAB ADMIN COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LABORATORY-PATHOLOGY	44.03	79,633
2.00	BLOOD STORING, PROCESSING & TR	47	667,923
TOTAL RECLASSIFICATIONS FOR CODE R			747,556

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LABORATORY	44	747,556	
		0	
		747,556	

RECLASS CODE: S
EXPLANATION : RECLASS REHAB ADMINISTRATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OCCUPATIONAL THERAPY	51	147,439
2.00	SPEECH PATHOLOGY	52	47,211
TOTAL RECLASSIFICATIONS FOR CODE S			194,650

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICAL THERAPY	50	194,650	
		0	
		194,650	

RECLASS CODE: T
EXPLANATION : RECLASS ADMISSION KITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	22,979
2.00	SUBPROVIDER	31	562
3.00	SUBPROVIDER 2	31.01	845
4.00	SKILLED NURSING FACILITY	34	606
TOTAL RECLASSIFICATIONS FOR CODE T			24,992

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	24,992	
		0	
		0	
		0	
		24,992	

RECLASS CODE: V
EXPLANATION : RECLASS DEPARTMENTAL DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6.04	4,504,469
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	10,002	
ADMITTING	6.01	10,024	
CASHIERING	6.02	78	
OPERATION OF PLANT	8	73,103	
LAUNDRY & LINEN SERVICE	9	216	
HOUSEKEEPING	10	7,456	
DIETARY	11	48,845	
CAFETERIA	12	11,166	
NURSING ADMINISTRATION	14	361,036	
CENTRAL SERVICES & SUPPLY	15	30,006	
PHARMACY	16	101,248	
MEDICAL RECORDS & LIBRARY	17	2,026	
ADULTS & PEDIATRICS	25	62,268	
INTENSIVE CARE UNIT	26	117,032	
CORONARY CARE UNIT	27	105,001	
SUBPROVIDER	31	2,774	
SUBPROVIDER 2	31.01	406	
SKILLED NURSING FACILITY	34	14,160	
OPERATING ROOM	37	623,227	
RECOVERY ROOM	38	61,965	
ANESTHESIOLOGY	40	14,275	
RADIOLOGY-DIAGNOSTIC	41	893,448	
C.T. SCAN	41.01	333,040	
LABORATORY	44	282,209	
G.I. LAB	44.01	98,281	
VASCULAR LAB	44.02	30,772	
LABORATORY-PATHOLOGY	44.03	36,727	
BLOOD STORING, PROCESSING & TR	47	1,282	
RESPIRATORY THERAPY	49	85,650	
PHYSICAL THERAPY	50	6,471	
OCCUPATIONAL THERAPY	51	481	
SPEECH PATHOLOGY	52	6,856	
ELECTROCARDIOLOGY	53	613,459	

RECLASSIFICATIONS

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RECLASS CODE: V
 EXPLANATION : RECLASS DEPARTMENTAL DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
34.00			0	ELECTROENCEPHALOGRAPHY	54	11,132	
35.00			0	RENAL DIALYSIS	57	22,450	
36.00			0	SHOCK THERAPY	59	2,167	
37.00			0	PAIN MANAGEMENT & OP CHEMO	59.01	12,281	
38.00			0	OP PSYCH	59.03	15,801	
39.00			0	CARDIAC REHAB	59.04	8,521	
40.00			0	EMERGENCY	61	138,196	
41.00			0	AMBULANCE SERVICES	65	243,978	
42.00			0	CATERING	96.09	4,297	
43.00			0	RETAIL PHARMACY	96.10	278	
44.00			0	PHYSICIAN PRACTICE DEVELOPMENT	96.12	378	
TOTAL RECLASSIFICATIONS FOR CODE V			4,504,469				4,504,469

RECLASS CODE: W
 EXPLANATION : TO RECLASS CHAPLAIN RESIDENCY PROGRA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM	24	19,521	ADMINISTRATIVE & GENERAL	6.04	19,521	
TOTAL RECLASSIFICATIONS FOR CODE W			19,521				19,521

RECLASS CODE: X
 EXPLANATION : RECLASS FACILITY WIDE EXPENSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6.04	4,479,330	EMPLOYEE BENEFITS	5	1,499,549	
2.00			0	ADMITTING	6.01	271,537	
3.00			0	CASHIERING	6.02	2,230,188	
4.00			0	OPERATION OF PLANT	8	23,667	
5.00			0	MEDICAL RECORDS & LIBRARY	17	337,132	
6.00			0	PUBLIC RELATIONS	96.11	77,488	
7.00			0	PHYSICIAN PRACTICE DEVELOPMENT	96.12	39,769	
TOTAL RECLASSIFICATIONS FOR CODE X			4,479,330				4,479,330

RECLASS CODE: Y
 EXPLANATION : RECLASS GRAHAM MOB EXPENSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-GRAHAM MOB	1.06	25,674	PHYSICIANS' PRIVATE OFFICES GR	98.01	448,227	
2.00	OLD CAP REL COSTS-GRAHAM MOB	1.06	89,015			0	
3.00	NEW CAP REL COSTS-GRAHAM MOB	3.06	73,945			0	
4.00	ADMINISTRATIVE & GENERAL	6.04	72,823			0	
5.00	OPERATION OF PLANT	8	186,770			0	
TOTAL RECLASSIFICATIONS FOR CODE Y			448,227				448,227

RECLASS CODE: Z
 EXPLANATION : RECLASS INTERNS AND RESIDENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	71,654	ADULTS & PEDIATRICS	25	71,654	
TOTAL RECLASSIFICATIONS FOR CODE Z			71,654				71,654

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	905,000					905,000	
2	LAND IMPROVEMENTS	2,323,930				417,190	1,906,740	
3	BUILDINGS & FIXTURE	42,666,680				1,607,681	41,058,999	
4	BUILDING IMPROVEMEN	4,194,275				1,267,130	2,927,145	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	13,986,148				7,124,047	6,862,101	
7	SUBTOTAL	64,076,033				10,416,048	53,659,985	
8	RECONCILING ITEMS							
9	TOTAL	64,076,033				10,416,048	53,659,985	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	201,750				1,750	200,000	
2	LAND IMPROVEMENTS	3,544,312				71,936	3,472,376	
3	BUILDINGS & FIXTURE	51,258,141				18,675	51,239,466	
4	BUILDING IMPROVEMEN	26,372,062	158,523		158,523	760,165	25,770,420	
5	FIXED EQUIPMENT	1,088,224				239,248	848,976	
6	MOVABLE EQUIPMENT	71,472,248	973,067		973,067	3,209,807	69,235,508	
7	SUBTOTAL	153,936,737	1,131,590		1,131,590	4,301,581	150,766,746	
8	RECONCILING ITEMS							
9	TOTAL	153,936,737	1,131,590		1,131,590	4,301,581	150,766,746	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS	COMPUTATION OF RATIOS		RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
			LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	37,307,087		37,307,087	.183488				
1 01	OLD CAP REL COSTS-WH								
1 02	OLD CAP REL COSTS-B								
1 03	OLD CAP REL COSTS-PF	7,104,688		7,104,688	.034943				
1 04	OLD CAP REL COSTS-CH								
1 05	OLD CAP REL COSTS-PO	2,177,467		2,177,467	.010709				
1 06	OLD CAP REL COSTS-GR								
2	OLD CAP REL COSTS-MV	6,165,743		6,165,743	.030325				
3	NEW CAP REL COSTS-BL	77,465,048		77,465,048	.380999				
3 01	NEW CAP REL COSTS-WH								
3 02	NEW CAP REL COSTS-B								
3 03	NEW CAP REL COSTS-PF	883,035		883,035	.004343				
3 04	NEW CAP REL COSTS-CH								
3 05	NEW CAP REL COSTS-PO	2,440,366		2,440,366	.012002				
3 06	NEW CAP REL COSTS-GR	600,646		600,646	.002954				
4	NEW CAP REL COSTS-MV	69,177,651		69,177,651	.340237				
5	TOTAL	203,321,731		203,321,731	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
1	OLD CAP REL COSTS-BL	225,902						225,902
1 01	OLD CAP REL COSTS-WH	5,482						5,482
1 02	OLD CAP REL COSTS-B	16,292						16,292
1 03	OLD CAP REL COSTS-PF	77,371		46,851				124,222
1 04	OLD CAP REL COSTS-CH	84,198		136,270				220,468
1 05	OLD CAP REL COSTS-PO	50,640		246,081				296,721
1 06	OLD CAP REL COSTS-GR	50,003		89,015				139,018
2	OLD CAP REL COSTS-MV	718		58,246				58,964
3	NEW CAP REL COSTS-BL	4,147,441		85,793				4,233,234
3 01	NEW CAP REL COSTS-WH							
3 02	NEW CAP REL COSTS-B							
3 03	NEW CAP REL COSTS-PF	60,500						60,500
3 04	NEW CAP REL COSTS-CH	77,871						77,871
3 05	NEW CAP REL COSTS-PO	133,512						133,512
3 06	NEW CAP REL COSTS-GR	117,387						117,387
4	NEW CAP REL COSTS-MV	8,297,562		89,937				8,387,499
5	TOTAL	13,344,879		752,193				14,097,072

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-WH							
1 02	OLD CAP REL COSTS-B							
1 03	OLD CAP REL COSTS-PF							
1 04	OLD CAP REL COSTS-CH							
1 05	OLD CAP REL COSTS-PO							
1 06	OLD CAP REL COSTS-GR							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-WH							
3 02	NEW CAP REL COSTS-B							
3 03	NEW CAP REL COSTS-PF							
3 04	NEW CAP REL COSTS-CH							
3 05	NEW CAP REL COSTS-PO							
3 06	NEW CAP REL COSTS-GR							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

* All lines numbers except line 5 are to be consistent with workshheet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4. columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I
I 26-0180 I
I I

I PERIOD: I PREPARED 5/26/2009
I FROM 1/ 1/2008 I WORKSHEET A-8
I TO 12/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF.	
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO		
	1	2	COST CENTER	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP	B	-80,288	OLD CAP REL COSTS-MVBLE E		2	11
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-117,061	NEW CAP REL COSTS-BLDG &		3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-123,803	NEW CAP REL COSTS-MVBLE E		4	11
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-20,735	ADMINISTRATIVE & GENERAL		6.04	
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,549,129				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-3,019,100				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,184,029	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-454	RADIOLOGY-DIAGNOSTIC		41	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 INVESTMENT INCOME	B	-64,966	OLD CAP REL COSTS-PFD		1.03	11
37.01 INVESTMENT INCOME	B	-186,317	OLD CAP REL COSTS-CHIP		1.04	11
37.02 INVESTMENT INCOME	B	-40,450	OLD CAP REL COSTS-POB I		1.05	11
37.03 PENSION-OVERFUNDING	A	-3,310,847	EMPLOYEE-BENEFITS		5	
37.04 PSYCH PART B FEES	A	-203,442	MENTAL HEALTH ADMINISTRAT		6.03	
37.05 SELF FUNDED INSURANCE	A	-4,189,649	EMPLOYEE BENEFITS		5	
37.06 NON ALLOWABLE ASSOC DUES	A	-29,293	ADMINISTRATIVE & GENERAL		6.04	
37.07 BAD DEBT EXPENSE	A	-22,917,240	ADMINISTRATIVE & GENERAL		6.04	
37.08 BAD DEBT EXPENSE	A	-367,277	LABORATORY		44	
37.09 GYN PART B PHYSICIAN FEES	A	-110,000	ADMINISTRATIVE & GENERAL		6.04	
37.10 P.T. OTHER REVENUE	B	-25,850	PHYSICAL THERAPY		50	
37.11 O.T.OTHER REVENUE	B	-1,769	OCCUPATIONAL THERAPY		51	
37.12 CHILD CARE CENTER	B	-495,051	ADMINISTRATIVE & GENERAL		6.04	
37.13 INTEREST ON UNNECESSARY BORROWING	A	-1,046,501	ADMINISTRATIVE & GENERAL		6.04	
37.14 FINANCE COSTS ON UNNECESSARY BORROW	A	-29,794	ADMINISTRATIVE & GENERAL		6.04	
37.15 FITNESS CENTER	B	-16,347	EMPLOYEE BENEFITS		5	
37.16 SCRAP SALES X RAY	B	-1,036	RADIOLOGY-DIAGNOSTIC		41	
37.17 LOSS ON REFINANCING	B	-129,561	ADMINISTRATIVE & GENERAL		6.04	
37.18 ENTERTAINMENT EXPENSE	A	-28,686	ADMINISTRATIVE & GENERAL		6.04	
37.19 RCE DISALLOWANCE	A	-141,982	ADMINISTRATIVE & GENERAL		6.04	
37.20 RCE DISALLOWANCE	A	-5,514	MENTAL HEALTH ADMINISTRAT		6.03	
37.21 MEDICAID TAX ASSESSMENT	A	14,085,940	ADMINISTRATIVE & GENERAL		6.04	
37.22 SETTLEMENT	A	89,000	ADMINISTRATIVE & GENERAL		6.04	
37.23 DEPREC ON CAPITALIZED EQUIPMENT	A	7,069	NEW CAP REL COSTS-MVBLE E		4	9
37.24 MALPRACTICE ADJUSTMENT	A	-3,637,200	ADMINISTRATIVE & GENERAL		6.04	
37.25 CARDIOTHORACIC SURGEON FEES	A	-469,378	ADMINISTRATIVE & GENERAL		6.04	
37.26 OTHER OPERATING INCOME	B	-48,450	ADMINISTRATIVE & GENERAL		6.04	
37.27 OTHER OPERATING INCOME	B	-13,987	LABORATORY		44	
37.28 OTHER OPERATING INCOME	B	-5,794	AMBULANCE SERVICES		65	
37.29 OTHER OPERATING INCOME	B	-47,026	RESPIRATORY THERAPY		49	
37.30 OTHER OPERATING INCOME	B	-4,500	PHARMACY		16	
37.31 OTHER OPERATING INCOME	B	-4,901	EMERGENCY		61	
37.32 NON OPERATING INCOME	B	-16,000	ADMINISTRATIVE & GENERAL		6.04	
37.33 NON OPERATING INCOME	B	-19,038	MEDICAL RECORDS & LIBRARY		17	
37.34 NON OPERATING INCOME	B	-2,679	RADIOLOGY-DIAGNOSTIC		41	
37.35 ADVERTISING EXPENSE	A	107,292	ADMINISTRATIVE & GENERAL		6.04	
37.36 ADVERTISING EXPENSE	A	193	ADULTS & PEDIATRICS		25	
37.37 ADVERTISING EXPENSE	A	-3,662	RADIOLOGY-DIAGNOSTIC		41	
37.38 ADVERTISING EXPENSE	A	-198	PHYSICAL THERAPY		50	
37.39 ADVERTISING EXPENSE	A	-935	DIABETES CARE CENTER		59.02	
37.40 CHARITABLE CONTRIBUTIONS	A	-3,796	ADMINISTRATIVE & GENERAL		6.04	
37.41 NON ALLOWABLE EMPLOYEE ACTIVITIES	A	-6,699	EMPLOYEE BENEFITS		5	
37.42 HEALTHLINK ADMIN FEE	A	-433	ADMINISTRATIVE & GENERAL		6.04	
37.43 ASBESTOS REMOVAL	A	-757	OPERATION OF PLANT		8	
38 OTHER ADJUSTMENTS (SPECIFY)						
39 OTHER ADJUSTMENTS (SPECIFY)						
40 OTHER ADJUSTMENTS (SPECIFY)						
41 OTHER ADJUSTMENTS (SPECIFY)						

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I
I 26-0180 I
I

I PERIOD: I PREPARED 5/26/2009
I FROM 1/ 1/2008 I WORKSHEET A-8
I TO 12/31/2008 I

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-35,432,110			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6 4	ADMINISTRATIVE & GENERAL	BJC HOME OFFICE COSTS	12,630,212	15,668,419	-3,038,207
2	6 4	ADMINISTRATIVE & GENERAL	CHS HOME OFFICE COSTS	-43,087		-43,087
3	6 4	ADMINISTRATIVE & GENERAL	TELEPHONE FACILITIES CORP	117,593	131,235	-13,642
4	44	LABORATORY	BJ LAB	235,440	156,148	79,292
4.01	47	BLOOD STORING, PROCESSING	BJ BLOOD BANK	2,682	889	1,793
4.02	37	OPERATING ROOM	MIDWEST STONE INSTITUTE	16,001	21,250	-5,249
5		TOTALS		12,958,841	15,977,941	-3,019,100

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	BJC HEALTH SYSTEM	100.00	HOME OFFICE
2	G	0.00	CHRISTIAN HEALTH SERVICES	100.00	HOME OFFICE
3	G	0.00	TELEPHONE FACILITIES CORP	0.00	TELECOMMUNICATIONS
4	G	0.00	BARNES JEWISH HOSPITAL	0.00	HOSPITAL
5	G	0.00	MIDWEST STONE INSTITUTE	0.00	LITHOTRIPSY SERVICES

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.
 PART OF SAME HEALTH CARE SYSTEM

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 26-0180
I

I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008

I PREPARED 5/26/2009
I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	CHIEF OF PEDS	20,000		20,000	140,600	68	4,596	230
2 25	CHIEF OF GYNECOLOGY	15,000		15,000	196,400	76	7,176	359
3 25	HOUSESTAFF	863,544	863,544					
4 31	REHAB	51,000		51,000	177,200	519	44,215	2,211
5 34	SNF	450		450	177,200	2	170	9
6 37	SURGICAL ASSISTANTS	396,132	396,132					
7 37	CHIEF OF SURGERY	30,000		30,000	208,000	98	9,800	490
8 37	CHIEF OF CARDIOTHORACIC S	50,000		50,000	208,000	410	41,000	2,050
9 37	WOUND CARE	12,000		12,000	208,000	175	17,500	875
10 40	ANESTHESIA	4,453,846	4,422,596	31,250	200,300	154	14,830	742
11 41	RADIOLOGY	42,850	19,100	23,750	225,300	240	25,996	1,300
12 41	RADIATION ONCOLOGY	12,500		12,500	225,300	68	7,366	368
13 44	LAB	440,499	90,499	350,000	215,700	5,708	591,931	29,597
14 49	RESPIRATORY CATRE	288,464		288,464	177,200	3,143	267,759	13,388
15 44 1	GI LAB	9,000		9,000	177,200	72	6,134	307
16 44 2	VASCULAR LAB	10,200		10,200	177,200	70	5,963	298
17 61	ER HOUSESTAFF	1,648,403	1,648,403					
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	8,343,888	7,440,274	903,614		10,803	1,044,436	52,224

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 26-0180
 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008
 I PREPARED 5/26/2009
 I WORKSHEET A-8-2
 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	CHIEF OF PEDS					4,596	15,404	15,404
2 25	CHIEF OF GYNECOLOGY					7,176	7,824	7,824
3 25	HOUSESTAFF							863,544
4 31	REHAB					44,215	6,785	6,785
5 34	SNF					170	280	280
6 37	SURGICAL ASSISTANTS							396,132
7 37	CHIEF OF SURGERY					9,800	20,200	20,200
8 37	CHIEF OF CARDIOTHORACIC S					41,000	9,000	9,000
9 37	WOUND CARE					17,500		
10 40	ANESTHESIA					14,830	16,420	4,439,016
11 41	RADIOLOGY					25,996		19,100
12 41	RADIATION ONCOLOGY					7,366	5,134	5,134
13 44	LAB					591,931		90,499
14 49	RESPIRATORY CATRE					267,759	20,705	20,705
15 44 1	GI LAB					6,134	2,866	2,866
16 44 2	VASCULAR LAB					5,963	4,237	4,237
17 61	ER HOUSESTAFF							1,648,403
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,044,436	108,855	7,549,129

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
1.01	OLD CAP REL COSTS-WHSE	21	SQUARE	FEET	ENTERED
1.02	OLD CAP REL COSTS-B BLDG	22	SQUARE	FEET	ENTERED
1.03	OLD CAP REL COSTS-PFD	23	SQUARE	FEET	ENTERED
1.04	OLD CAP REL COSTS-CHIP	24	SQUARE	FEET	ENTERED
1.05	OLD CAP REL COSTS-POB I	25	SQUARE	FEET	ENTERED
1.06	OLD CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-WHSE	21	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-B BLDG	22	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-PFD	23	SQUARE	FEET	ENTERED
3.04	NEW CAP REL COSTS-CHIP	24	SQUARE	FEET	ENTERED
3.05	NEW CAP REL COSTS-POB I	25	SQUARE	FEET	ENTERED
3.06	NEW CAP REL COSTS-GRAHAM MOB	35	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	ADMITTING	27	GROSS	REVENUE	ENTERED
6.02	CASHIERING	27	GROSS	REVENUE	ENTERED
6.03	MENTAL HEALTH ADMINISTRATION	40	PSYCH PATIEN	DAYS	ENTERED
6.04	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	28	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT- POB I	25	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	29	SQUARE	FEET	ENTERED
10.01	HOUSEKEEPING-POB I	25	SQUARE	FEET	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	11	HOURS OF	SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUISITIONS	ENTERED
16	PHARMACY	14	COSTED	REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	27	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	16	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	34	PATIENT DAYS		ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-WHSE	OLD CAP REL C OSTS-B BLDG	OLD CAP REL C OSTS-PFD	OLD CAP REL C OSTS-CHIP	OLD CAP REL C OSTS-POB I
	0	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &	225,902	225,902					
001 01 OLD CAP REL COSTS-WHSE	5,482		5,482				
001 02 OLD CAP REL COSTS-B BLDG	16,292			16,292			
001 03 OLD CAP REL COSTS-PFD	124,222				124,222		
001 04 OLD CAP REL COSTS-CHIP	220,468					220,468	
001 05 OLD CAP REL COSTS-POB I	296,721						296,721
001 06 OLD CAP REL COSTS-GRAHAM	139,018						
002 OLD CAP REL COSTS-MVBLE E	58,964						
003 NEW CAP REL COSTS-BLDG &	4,233,234						
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD	60,500						
003 04 NEW CAP REL COSTS-CHIP	77,871						
003 05 NEW CAP REL COSTS-POB I	133,512						
003 06 NEW CAP REL COSTS-GRAHAM	117,387						
004 NEW CAP REL COSTS-MVBLE E	8,387,499						
005 EMPLOYEE BENEFITS	9,711,269	468		964	11,499		7,868
006 01 ADMITTING	1,172,889	976			2,386		
006 02 CASHIERING	1,632,017	1,284			46	12,044	
006 03 MENTAL HEALTH ADMINISTRAT	330,900				139		
006 04 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	34,051,198	21,013	3,093	1,595	69,688	4,493	43,827
008 OPERATION OF PLANT- POB I	6,842,217	29,967	334	1,064	15,296	39,060	22,903
009 LAUNDRY & LINEN SERVICE	1,061,531	2,778					
010 HOUSEKEEPING	2,457,651	2,674		102	576	2,266	
010 01 HOUSEKEEPING-POB I	155,777						325
011 DIETARY	2,926,309	387	2,055		539		
012 CAFETERIA	689,858	1,993		1,297	1,479		
014 NURSING ADMINISTRATION	2,336,066			297			1,189
015 CENTRAL SERVICES & SUPPLY	477,962	3,056					
016 PHARMACY	2,544,610	1,707					
017 MEDICAL RECORDS & LIBRARY	3,983,486	2,682					4,431
018 SOCIAL SERVICE	677,682						
022 I&R SERVICES-SALARY & FRI	71,654						
024 PARAMED ED PRGM	19,521						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	21,763,400	61,550		274			
026 INTENSIVE CARE UNIT	4,949,124	4,844		159			
027 CORONARY CARE UNIT	3,213,226	4,257					
031 SUBPROVIDER	1,126,862	3,997					
031 01 SUBPROVIDER 2	1,306,125	4,596					
034 SKILLED NURSING FACILITY	1,177,298	5,591					
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,248,202	30,748		58			
038 RECOVERY ROOM	579,795	1,515					
040 ANESTHESIOLOGY	272,523	244					
041 RADIOLOGY-DIAGNOSTIC	5,853,082	4,139		145		126,425	18,941
041 01 C.T. SCAN	691,306					6,573	
044 LABORATORY	7,673,101	2,861		3,693			982
044 01 G.I. LAB	932,315	943		946			
044 02 VASCULAR LAB	335,552			383			
044 03 LABORATORY-PATHOLOGY	373,892			305			
047 BLOOD STORING, PROCESSING	3,132,523			491			
049 RESPIRATORY THERAPY	3,312,658	1,326		53			
050 PHYSICAL THERAPY	1,519,011	2,012					
051 OCCUPATIONAL THERAPY	720,963	1,109					
052 SPEECH PATHOLOGY	225,081	756					
053 ELECTROCARDIOLOGY	1,315,190	4,104		796			
054 ELECTROENCEPHALOGRAPHY	90,741			439			
055 MEDICAL SUPPLIES CHARGED	16,070,181						
056 DRUGS CHARGED TO PATIENTS	10,372,236						
057 RENAL DIALYSIS	1,514,383	833					
059 SHOCK THERAPY	111,313						
059 01 PAIN MANAGEMENT & OP CHEM	792,287	186					3,065
059 02 DIABETES CARE CENTER	211,467						
059 03 OP PSYCH	600,130						
059 04 CARDIAC REHAB	177,057	1,382					
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	5,999,141	10,171		1,595			
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	3,994,941			218			
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	193,901,445	216,149	5,482	15,059	113,507	178,817	103,531
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		775					
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG				1,233			
096 03 ROOM RENTAL		23					
096 04 NON REIMBURSABLE CHIP						41,651	
096 05 NON REIMBURSABLE PFD					4,389		
096 06 NON REIMBURSABLE HOSPITAL		8,735					
096 07 NON REIMBURSABLE POB I							13,687
096 08 MEALS ON WHEELS							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-WHSE	OLD CAP REL C OSTS-B BLDG	OLD CAP REL C OSTS-PFD	OLD CAP REL C OSTS-CHIP	OLD CAP REL C OSTS-POB I
		0	1	1.01	1.02	1.03	1.04	1.05
NONREIMBURS COST CENTERS								
096	09 CATERING	253,619				228		
096	10 RETAIL PHARMACY	4,525,054						
096	11 PUBLIC RELATIONS	1,009,089	220			2,846		
096	12 PHYSICIAN PRACTICE DEVELO	456,961				3,252		
096	13 RECOVERY RESOURCES	8,128						
098	PHYSICIANS' PRIVATE OFFIC							179,503
098	01 PHYSICIANS' PRIVATE OFFIC	106,896						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	200,261,192	225,902	5,482	16,292	124,222	220,468	296,721

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C				
	OSTS-GRAHAM	OSTS-MVBLE E	OSTS-BLDG &	OSTS-WHSE	OSTS-B BLDG	OSTS-PFD	OSTS-CHIP
	1.06	2	3	3.01	3.02	3.03	3.04
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM	139,018						
002 OLD CAP REL COSTS-MVBLE E		58,964					
003 NEW CAP REL COSTS-BLDG &			4,233,234				
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD						60,500	
003 04 NEW CAP REL COSTS-CHIP							77,871
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		4,195	8,770			5,600	
006 01 ADMITTING			18,288			1,162	
006 02 CASHIERING			24,062			5,866	
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL	6,458	7,756	393,772			33,940	1,587
008 OPERATION OF PLANT	640	6,411	561,559			7,450	13,796
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE			52,065				
010 HOUSEKEEPING			50,106			280	800
010 01 HOUSEKEEPING-POB I							
011 DIETARY		7,835	7,249			263	
012 CAFETERIA			37,349			720	
014 NURSING ADMINISTRATION		1,029					
015 CENTRAL SERVICES & SUPPLY			57,274				
016 PHARMACY			31,979				
017 MEDICAL RECORDS & LIBRARY			50,267				
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			1,153,439				
026 INTENSIVE CARE UNIT			90,774				
027 CORONARY CARE UNIT			79,768				
031 SUBPROVIDER			74,894				
031 01 SUBPROVIDER 2			86,130				
034 SKILLED NURSING FACILITY			104,775				
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		2,770	576,195				
038 RECOVERY ROOM		1,345	28,383				
040 ANESTHESIOLOGY			4,563				
041 RADIOLOGY-DIAGNOSTIC			77,556				44,655
041 01 C.T. SCAN							2,322
044 LABORATORY		24,615	53,609				
044 01 G.I. LAB			17,666				
044 02 VASCULAR LAB							
044 03 LABORATORY-PATHOLOGY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY			24,857				
050 PHYSICAL THERAPY	31,009	2,058	37,706				
051 OCCUPATIONAL THERAPY	3,784		20,778				
052 SPEECH PATHOLOGY	4,023		14,163				
053 ELECTROCARDIOLOGY			76,899				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS			15,603				
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM			3,492				
059 02 DIABETES CARE CENTER							
059 03 OP PSYCH							
059 04 CARDIAC REHAB			25,894				
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			190,605				
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		950					
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	45,914	58,964	4,050,489			55,281	63,160
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			14,520				
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL			426				
096 04 NON REIMBURSABLE CHIP							14,711
096 05 NON REIMBURSABLE PFD						2,138	
096 06 NON REIMBURSABLE HOSPITAL			163,685				
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-GRAHAM	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-WHSE	NEW CAP REL C OSTS-B BLDG	NEW CAP REL C OSTS-PFD	NEW CAP REL C OSTS-CHIP
NONREIMBURS COST CENTERS		1.06	2	3	3.01	3.02	3.03	3.04
096	09 CATERING						111	
096	10 RETAIL PHARMACY							
096	11 PUBLIC RELATIONS			4,114			1,386	
096	12 PHYSICIAN PRACTICE DEVELO						1,584	
096	13 RECOVERY RESOURCES							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 PHYSICIANS' PRIVATE OFFIC	93,104						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	139,018	58,964	4,233,234			60,500	77,871

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING	CASHIERING	MENTAL HEALTH
	OSTS-POB I	OSTS-GRAHAM	OSTS-MVBLE E	FITS			ADMINISTRAT
	3.05	3.06	4	5	6.01	6.02	6.03
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-WHSE							
003 03 NEW CAP REL COSTS-B BLDG							
003 04 NEW CAP REL COSTS-PFD							
003 05 NEW CAP REL COSTS-CHIP							
003 06 NEW CAP REL COSTS-POB I	133,512						
004 NEW CAP REL COSTS-GRAHAM		117,387					
004 NEW CAP REL COSTS-MVBLE E			8,387,499				
005 EMPLOYEE BENEFITS	3,540		14,682	9,768,855			
006 01 ADMITTING			14,231	132,089	1,342,021		
006 02 CASHIERING			229	103,616		1,779,164	
006 03 MENTAL HEALTH ADMINISTRAT				35,868			366,907
006 04 ADMINISTRATIVE & GENERAL	19,720	5,453	3,269,127	666,290			
008 OPERATION OF PLANT	10,305	541	96,006	267,835			
008 01 OPERATION OF PLANT- POB I				581			
009 LAUNDRY & LINEN SERVICE			307				
010 HOUSEKEEPING			10,585	175,631			
010 01 HOUSEKEEPING-POB I	146			14,418			
011 DIETARY			69,203	10			
012 CAFETERIA			16,623				
014 NURSING ADMINISTRATION	535		511,399	225,360			
015 CENTRAL SERVICES & SUPPLY			42,600	47,987			
016 PHARMACY			133,978	282,700			
017 MEDICAL RECORDS & LIBRARY	1,994		2,879	378,316			
018 SOCIAL SERVICE				79,921			
022 I&R SERVICES-SALARY & FRI				9,207			
024 PARAMED ED PRGM				2,407			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			80,887	2,256,212	144,316	191,305	211,241
026 INTENSIVE CARE UNIT			166,148	505,280	25,738	34,118	
027 CORONARY CARE UNIT			149,068	337,195	20,721	27,467	
031 SUBPROVIDER			3,938	123,066	6,179	8,191	
031 01 SUBPROVIDER 2			576	117,532	7,251	9,612	155,666
034 SKILLED NURSING FACILITY			20,104	117,882	2,962	3,926	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			840,182	575,043	66,333	87,931	
038 RECOVERY ROOM			87,947	66,538	9,166	12,150	
040 ANESTHESIOLOGY			20,266	5,561	13,543	17,953	
041 RADIOLOGY-DIAGNOSTIC	8,523		1,195,497	495,532	128,384	170,184	
041 01 C.T. SCAN			5,446	52,131	72,228	95,745	
044 LABORATORY	442		394,697	528,129	204,834	271,717	
044 01 G.I. LAB			22,798	74,349	11,054	14,653	
044 02 VASCULAR LAB			43,686	27,649	9,044	11,988	
044 03 LABORATORY-PATHOLOGY			52,141	27,195	6,673	8,846	
047 BLOOD STORING, PROCESSING			1,821	88,007	25,264	33,489	
049 RESPIRATORY THERAPY			120,906	335,577	54,931	72,817	
050 PHYSICAL THERAPY		26,184	9,151	175,182	14,335	19,002	
051 OCCUPATIONAL THERAPY		3,195	684	84,917	7,099	9,411	
052 SPEECH PATHOLOGY		3,397	9,735	26,439	1,993	2,643	
053 ELECTROCARDIOLOGY			497,841	152,827	74,307	98,501	
054 ELECTROENCEPHALOGRAPHY			15,782	10,206	5,372	7,121	
055 MEDICAL SUPPLIES CHARGED					153,393	203,336	
056 DRUGS CHARGED TO PATIENTS					124,605	165,175	
057 RENAL DIALYSIS			17,671		24,557	32,553	
059 SHOCK THERAPY			3,076	11,579	493	654	
059 01 PAIN MANAGEMENT & OP CHEM	1,379		15,993	59,013	10,072	13,351	
059 02 DIABETES CARE CENTER				13,119	118	157	
059 03 OP PSYCH			20,521	26,279	3,350	4,441	
059 04 CARDIAC REHAB			1,811	20,509	690	914	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			206,784	513,094	79,435	105,298	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			192,951	389,087	33,581	44,515	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	46,584	38,770	8,379,957	9,637,365	1,342,021	1,779,164	366,907
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I	6,159						
096 08 MEALS ON WHEELS							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-POB I	NEW CAP REL C OSTS-GRAHAM	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE ADMITTING	CASHIERING	MENTAL HEALTH ADMINISTRAT	
		3.05	3.06	4	5	6.01	6.02	6.03
NONREIMBURS COST CENTERS								
096	09 CATERING			6,100				
096	10 RETAIL PHARMACY			395	65,652			
096	11 PUBLIC RELATIONS				27,446			
096	12 PHYSICIAN PRACTICE DEVELO			537	29,871			
096	13 RECOVERY RESOURCES			510				
098	PHYSICIANS' PRIVATE OFFIC	80,769						
098	01 PHYSICIANS' PRIVATE OFFIC		78,617		8,521			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	133,512	117,387	8,387,499	9,768,855	1,342,021	1,779,164	366,907

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- POB I
	6a.03	6.04	8	8.01	9	10	10.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-WHSE							
003 03 NEW CAP REL COSTS-B BLDG							
003 04 NEW CAP REL COSTS-PFD							
003 05 NEW CAP REL COSTS-CHIP							
003 06 NEW CAP REL COSTS-POB I							
004 NEW CAP REL COSTS-GRAHAM							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL	38,599,010	38,599,010					
008 OPERATION OF PLANT	7,915,384	1,889,901	9,805,285				
008 01 OPERATION OF PLANT- POB I	7,251	1,731		8,982			
009 LAUNDRY & LINEN SERVICE	1,116,681	266,622	113,740		1,497,043		
010 HOUSEKEEPING	2,700,671	644,820	143,673		20	3,489,184	
010 01 HOUSEKEEPING-POB I	170,666	40,749		13			211,428
011 DIETARY	3,013,850	719,596	210,512			79,167	
012 CAFETERIA	749,319	178,910	233,370			87,763	
014 NURSING ADMINISTRATION	3,075,875	734,405	28,926	48		10,878	1,133
015 CENTRAL SERVICES & SUPPLY	628,879	150,153	125,119		18,994	47,053	
016 PHARMACY	2,994,974	715,089	69,860			26,272	
017 MEDICAL RECORDS & LIBRARY	4,424,055	1,056,301	109,813	179		41,297	4,223
018 SOCIAL SERVICE	757,603	180,888					
022 I&R SERVICES-SALARY & FRI	80,861	19,307					
024 PARAMED ED PRGM	21,928	5,236					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	25,862,624	6,175,103	2,546,533		676,252	957,668	
026 INTENSIVE CARE UNIT	5,776,185	1,379,139	213,784		93,575	80,397	
027 CORONARY CARE UNIT	3,831,702	914,869	174,260		70,279	65,534	
031 SUBPROVIDER	1,347,127	321,644	163,611		43,254	61,529	
031 01 SUBPROVIDER 2	1,687,488	402,910	188,157		19,456	70,760	
034 SKILLED NURSING FACILITY	1,432,538	342,037	228,889		50,121	86,078	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,427,462	2,489,692	1,264,430		133,192	475,511	
038 RECOVERY ROOM	786,839	187,868	62,006			23,318	
040 ANESTHESIOLOGY	334,653	79,903	9,969			3,749	
041 RADIOLOGY-DIAGNOSTIC	8,123,063	1,939,487	988,287	766	34,364	371,663	18,055
041 01 C.T. SCAN	925,751	221,035	41,841		33,695	15,735	
044 LABORATORY	9,158,680	2,186,754	477,037	40	15	179,398	936
044 01 G.I. LAB	1,074,724	256,604	130,783		13,610	49,183	
044 02 VASCULAR LAB	428,302	102,263	37,359		6,348	14,050	
044 03 LABORATORY-PATHOLOGY	469,052	111,992	29,731			11,181	
047 BLOOD STORING, PROCESSING	3,281,595	783,523	47,908			18,017	
049 RESPIRATORY THERAPY	3,923,125	936,697	59,488		173	22,372	
050 PHYSICAL THERAPY	1,835,650	438,285	82,372		6,904	30,977	
051 OCCUPATIONAL THERAPY	851,940	203,412	45,390			17,070	
052 SPEECH PATHOLOGY	288,230	68,819	30,940			11,635	
053 ELECTROCARDIOLOGY	2,220,465	530,165	245,580		16,016	92,355	
054 ELECTROENCEPHALOGRAPHY	129,661	30,958	42,797		1,105	16,095	
055 MEDICAL SUPPLIES CHARGED	16,426,910	3,922,138					
056 DRUGS CHARGED TO PATIENTS	10,662,016	2,545,695					
057 RENAL DIALYSIS	1,605,600	383,358	34,087			12,819	
059 SHOCK THERAPY	127,115	30,350					
059 01 PAIN MANAGEMENT & OP CHEM	898,838	214,609	7,628	124	2,582	2,869	2,921
059 02 DIABETES CARE CENTER	224,861	53,688					
059 03 OP PSYCH	654,721	156,323					
059 04 CARDIAC REHAB	228,257	54,499	56,568		71	21,273	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	7,106,123	1,696,679	571,921		220,953	215,081	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	4,656,243	1,111,739	21,222		56,064	7,981	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	193,044,547	36,875,945	8,837,591	1,170	1,497,043	3,226,728	27,268
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	15,295	3,652	31,720			11,929	
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG	1,233	294	120,210			45,207	
096 03 ROOM RENTAL	449	107	931			350	
096 04 NON REIMBURSABLE CHIP	56,362	13,457	265,116			99,702	
096 05 NON REIMBURSABLE PFD	6,527	1,558	75,021			28,213	
096 06 NON REIMBURSABLE HOSPITAL	172,420	41,168	357,583			33,013	
096 07 NON REIMBURSABLE POB I	19,846	4,738		553			13,047
096 08 MEALS ON WHEELS							

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING- POB I
	6a.03	6.04	8	8.01	9	10	10.01
NONREIMBURS COST CENTERS							
096 09 CATERING	260,058	62,092	3,902			1,467	
096 10 RETAIL PHARMACY	4,591,101	1,096,185					
096 11 PUBLIC RELATIONS	1,045,101	249,531	57,625			21,671	
096 12 PHYSICIAN PRACTICE DEVELO	492,205	117,520	55,586			20,904	
096 13 RECOVERY RESOURCES	8,638	2,062					
098 PHYSICIANS' PRIVATE OFFIC	260,272	62,143		7,259			171,113
098 01 PHYSICIANS' PRIVATE OFFIC	287,138	68,558					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	200,261,192	38,599,010	9,805,285	8,982	1,497,043	3,489,184	211,428

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		11	12	14	15	16	17	18
GENERAL SERVICE COST CNTR								
001	OLD CAP REL COSTS-BLDG &							
001 01	OLD CAP REL COSTS-WHSE							
001 02	OLD CAP REL COSTS-B BLDG							
001 03	OLD CAP REL COSTS-PFD							
001 04	OLD CAP REL COSTS-CHIP							
001 05	OLD CAP REL COSTS-POB I							
001 06	OLD CAP REL COSTS-GRAHAM							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-WHSE							
003 02	NEW CAP REL COSTS-B BLDG							
003 03	NEW CAP REL COSTS-PFD							
003 04	NEW CAP REL COSTS-CHIP							
003 05	NEW CAP REL COSTS-POB I							
003 06	NEW CAP REL COSTS-GRAHAM							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	ADMITTING							
006 02	CASHIERING							
006 03	MENTAL HEALTH ADMINISTRAT							
006 04	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
008 01	OPERATION OF PLANT- POB I							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
010 01	HOUSEKEEPING-POB I							
011	DIETARY	4,023,125						
012	CAFETERIA		1,249,362					
014	NURSING ADMINISTRATION		23,239	3,874,504				
015	CENTRAL SERVICES & SUPPLY		9,688		979,886			
016	PHARMACY		24,944			3,831,139		
017	MEDICAL RECORDS & LIBRARY		60,999				5,696,867	
018	SOCIAL SERVICE		9,219					947,710
022	I&R SERVICES-SALARY & FRI							
024	PARAMED ED PRGM		644					
INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	2,662,955	316,030	2,084,269	31		612,556	545,597
026	INTENSIVE CARE UNIT	246,151	49,730	327,984			109,246	
027	CORONARY CARE UNIT	200,364	41,569	274,168			87,950	
031	SUBPROVIDER	172,338	15,130	99,808			26,229	
031 01	SUBPROVIDER 2	181,059	15,506	102,258			30,778	402,113
034	SKILLED NURSING FACILITY	171,206	17,280	113,967			12,571	
ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM		60,087	316,645	73	29,554	281,553	
038	RECOVERY ROOM		7,023	46,290			38,905	
040	ANESTHESIOLOGY		1,380				57,485	
041	RADIOLOGY-DIAGNOSTIC		57,811		3,662		544,929	
041 01	C.T. SCAN		6,611				306,575	
044	LABORATORY		79,406		54		870,036	
044 01	G.I. LAB		8,225				46,918	
044 02	VASCULAR LAB		2,984				38,386	
044 03	LABORATORY-PATHOLOGY		4,271				28,325	
047	BLOOD STORING, PROCESSING		13,467				107,232	
049	RESPIRATORY THERAPY		38,637			111	233,158	
050	PHYSICAL THERAPY		25,654				60,845	
051	OCCUPATIONAL THERAPY		11,119				30,133	
052	SPEECH PATHOLOGY		3,102				8,461	
053	ELECTROCARDIOLOGY		17,395				315,400	
054	ELECTROENCEPHALOGRAPHY		1,547		16		22,800	
055	MEDICAL SUPPLIES CHARGED				976,050		651,082	
056	DRUGS CHARGED TO PATIENTS					3,785,976	528,890	
057	RENAL DIALYSIS						104,233	
059	SHOCK THERAPY		1,228				2,093	
059 01	PAIN MANAGEMENT & OP CHEM		6,889	45,440		15,498	42,749	
059 02	DIABETES CARE CENTER		6,168	40,512			501	
059 03	OP PSYCH		3,602				14,221	
059 04	CARDIAC REHAB		2,232				2,928	
OUTPAT SERVICE COST CNTRS								
061	EMERGENCY		64,157	423,163			337,163	
062	OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS								
065	AMBULANCE SERVICES		69,801				142,536	
SPEC PURPOSE COST CENTERS								
095	SUBTOTALS	3,634,073	1,076,774	3,874,504	979,886	3,831,139	5,696,867	947,710
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP							
096 01	VISITOR MEALS							
096 02	NON REIMBURSABLE B BLDG							
096 03	ROOM RENTAL							
096 04	NON REIMBURSABLE CHIP							
096 05	NON REIMBURSABLE PFD							
096 06	NON REIMBURSABLE HOSPITAL							
096 07	NON REIMBURSABLE POB I							
096 08	MEALS ON WHEELS	389,052	156,338					

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
		11	12	14	15	16	17	18
NONREIMBURS COST CENTERS								
096	09 CATERING							
096	10 RETAIL PHARMACY		7,682					
096	11 PUBLIC RELATIONS		3,218					
096	12 PHYSICIAN PRACTICE DEVELO		3,025					
096	13 RECOVERY RESOURCES							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 PHYSICIANS' PRIVATE OFFIC		2,325					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	4,023,125	1,249,362	3,874,504	979,886	3,831,139	5,696,867	947,710

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	PARAMED ED PR GM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN	TOTAL
		22	24		25	26	27
GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &						
001 01	OLD CAP REL COSTS-WHSE						
001 02	OLD CAP REL COSTS-B BLDG						
001 03	OLD CAP REL COSTS-PFD						
001 04	OLD CAP REL COSTS-CHIP						
001 05	OLD CAP REL COSTS-POB I						
001 06	OLD CAP REL COSTS-GRAHAM						
002	OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &						
003 01	NEW CAP REL COSTS-WHSE						
003 02	NEW CAP REL COSTS-B BLDG						
003 03	NEW CAP REL COSTS-PFD						
003 04	NEW CAP REL COSTS-CHIP						
003 05	NEW CAP REL COSTS-POB I						
003 06	NEW CAP REL COSTS-GRAHAM						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006 01	ADMITTING						
006 02	CASHIERING						
006 03	MENTAL HEALTH ADMINISTRAT						
006 04	ADMINISTRATIVE & GENERAL						
008	OPERATION OF PLANT						
008 01	OPERATION OF PLANT- POB I						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
010 01	HOUSEKEEPING-POB I						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
022	I&R SERVICES-SALARY & FRI	100,168					
024	PARAMED ED PRGM		27,808				
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS		20,377	42,459,995			42,459,995
026	INTENSIVE CARE UNIT		1,884	8,278,075			8,278,075
027	CORONARY CARE UNIT		1,533	5,662,228			5,662,228
031	SUBPROVIDER		1,319	2,251,989			2,251,989
031 01	SUBPROVIDER 2		1,385	3,101,870			3,101,870
034	SKILLED NURSING FACILITY		1,310	2,455,997			2,455,997
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	100,168		15,578,367		-100,168	15,478,199
038	RECOVERY ROOM			1,152,249			1,152,249
040	ANESTHESIOLOGY			487,139			487,139
041	RADIOLOGY-DIAGNOSTIC			12,082,087			12,082,087
041 01	C.T. SCAN			1,551,243			1,551,243
044	LABORATORY			12,952,356			12,952,356
044 01	G.I. LAB			1,580,047			1,580,047
044 02	VASCULAR LAB			629,692			629,692
044 03	LABORATORY-PATHOLOGY			654,552			654,552
047	BLOOD STORING, PROCESSING			4,251,742			4,251,742
049	RESPIRATORY THERAPY			5,213,761			5,213,761
050	PHYSICAL THERAPY			2,480,687			2,480,687
051	OCCUPATIONAL THERAPY			1,159,064			1,159,064
052	SPEECH PATHOLOGY			411,187			411,187
053	ELECTROCARDIOLOGY			3,437,376			3,437,376
054	ELECTROENCEPHALOGRAPHY			244,979			244,979
055	MEDICAL SUPPLIES CHARGED			21,976,180			21,976,180
056	DRUGS CHARGED TO PATIENTS			17,522,577			17,522,577
057	RENAL DIALYSIS			2,140,097			2,140,097
059	SHOCK THERAPY			160,786			160,786
059 01	PAIN MANAGEMENT & OP CHEM			1,240,147			1,240,147
059 02	DIABETES CARE CENTER			325,730			325,730
059 03	OP PSYCH			828,867			828,867
059 04	CARDIAC REHAB			365,828			365,828
	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY			10,635,240			10,635,240
062	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES			6,065,586			6,065,586
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	100,168	27,808	189,337,720		-100,168	189,237,552
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP			62,596			62,596
096 01	VISITOR MEALS						
096 02	NON REIMBURSABLE B BLDG			166,944			166,944
096 03	ROOM RENTAL			1,837			1,837
096 04	NON REIMBURSABLE CHIP			434,637			434,637
096 05	NON REIMBURSABLE PFD			111,319			111,319
096 06	NON REIMBURSABLE HOSPITAL			604,184			604,184
096 07	NON REIMBURSABLE POB I			38,184			38,184
096 08	MEALS ON WHEELS			545,390			545,390

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	PARAMED GM	ED PR	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		22	24		25	26	27
NONREIMBURS COST CENTERS							
096	09 CATERING				327,519		327,519
096	10 RETAIL PHARMACY				5,694,968		5,694,968
096	11 PUBLIC RELATIONS				1,377,146		1,377,146
096	12 PHYSICIAN PRACTICE DEVELO				689,240		689,240
096	13 RECOVERY RESOURCES				10,700		10,700
098	PHYSICIANS' PRIVATE OFFIC				500,787		500,787
098	01 PHYSICIANS' PRIVATE OFFIC				358,021		358,021
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	100,168	27,808		200,261,192	-100,168	200,161,024

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-WHSE 1.01	OLD CAP REL C OSTS-B BLDG 1.02	OLD CAP REL C OSTS-PFD 1.03	OLD CAP REL C OSTS-CHIP 1.04	OLD CAP REL C OSTS-POB I 1.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-WHSE							
003 03 NEW CAP REL COSTS-B BLDG							
003 04 NEW CAP REL COSTS-PFD							
003 05 NEW CAP REL COSTS-CHIP							
003 06 NEW CAP REL COSTS-POB I							
004 NEW CAP REL COSTS-GRAHAM							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		468		964	11,499		7,868
006 01 ADMITTING		976			2,386		
006 02 CASHIERING		1,284		46	12,044		
006 03 MENTAL HEALTH ADMINISTRAT				139			
006 04 ADMINISTRATIVE & GENERAL		21,013	3,093	1,595	69,688	4,493	43,827
008 OPERATION OF PLANT		29,967	334	1,064	15,296	39,060	22,903
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE		2,778					
010 HOUSEKEEPING		2,674		102	576	2,266	
010 01 HOUSEKEEPING-POB I							325
011 DIETARY		387	2,055		539		
012 CAFETERIA		1,993		1,297	1,479		
014 NURSING ADMINISTRATION				297			1,189
015 CENTRAL SERVICES & SUPPLY		3,056					
016 PHARMACY		1,707					
017 MEDICAL RECORDS & LIBRARY		2,682					4,431
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		61,550		274			
026 INTENSIVE CARE UNIT		4,844		159			
027 CORONARY CARE UNIT		4,257					
031 SUBPROVIDER		3,997					
031 01 SUBPROVIDER 2		4,596					
034 SKILLED NURSING FACILITY		5,591					
037 OPERATING ROOM		30,748		58			
038 RECOVERY ROOM		1,515					
040 ANESTHESIOLOGY		244					
041 RADIOLOGY-DIAGNOSTIC		4,139		145		126,425	18,941
041 01 C.T. SCAN						6,573	
044 LABORATORY		2,861		3,693			982
044 01 G.I. LAB		943		946			
044 02 VASCULAR LAB				383			
044 03 LABORATORY-PATHOLOGY				305			
047 BLOOD STORING, PROCESSING				491			
049 RESPIRATORY THERAPY		1,326		53			
050 PHYSICAL THERAPY		2,012					
051 OCCUPATIONAL THERAPY		1,109					
052 SPEECH PATHOLOGY		756					
053 ELECTROCARDIOLOGY		4,104		796			
054 ELECTROENCEPHALOGRAPHY				439			
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		833					
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM		186					3,065
059 02 DIABETES CARE CENTER							
059 03 OP PSYCH							
059 04 CARDIAC REHAB		1,382					
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		10,171		1,595			
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				218			
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		216,149	5,482	15,059	113,507	178,817	103,531
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		775					
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG				1,233			
096 03 ROOM RENTAL		23					
096 04 NON REIMBURSABLE CHIP						41,651	
096 05 NON REIMBURSABLE PFD					4,389		
096 06 NON REIMBURSABLE HOSPITAL		8,735					
096 07 NON REIMBURSABLE POB I							13,687
096 08 MEALS ON WHEELS							

COST CENTER DESCRIPTION		DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-WHSE	OLD CAP REL C OSTS-B BLDG	OLD CAP REL C OSTS-PFD	OLD CAP REL C OSTS-CHIP	OLD CAP REL C OSTS-POB I
		0	1	1.01	1.02	1.03	1.04	1.05
NONREIMBURS COST CENTERS								
096	09 CATERING					228		
096	10 RETAIL PHARMACY							
096	11 PUBLIC RELATIONS		220			2,846		
096	12 PHYSICIAN PRACTICE DEVELO					3,252		
096	13 RECOVERY RESOURCES							
098	PHYSICIANS' PRIVATE OFFIC							179,503
098	01 PHYSICIANS' PRIVATE OFFIC							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		225,902	5,482	16,292	124,222	220,468	296,721

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B
 I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-GRAHAM	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-WHSE	NEW CAP REL C OSTS-B BLDG	NEW CAP REL C OSTS-PFD	NEW CAP REL C OSTS-CHIP
	1.06	2	3	3.01	3.02	3.03	3.04
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		4,195					
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL	6,458	7,756					
008 OPERATION OF PLANT	640	6,411					
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
011 DIETARY		7,835					
012 CAFETERIA							
014 NURSING ADMINISTRATION		1,029					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
031 SUBPROVIDER							
031 01 SUBPROVIDER 2							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		2,770					
038 RECOVERY ROOM		1,345					
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
041 01 C.T. SCAN							
044 LABORATORY		24,615					
044 01 G.I. LAB							
044 02 VASCULAR LAB							
044 03 LABORATORY-PATHOLOGY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	31,009	2,058					
051 OCCUPATIONAL THERAPY	3,784						
052 SPEECH PATHOLOGY	4,023						
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM							
059 02 DIABETES CARE CENTER							
059 03 OP PSYCH							
059 04 CARDIAC REHAB							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		950					
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	45,914	58,964					
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-GRAHAM	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-WHSE	NEW CAP REL C OSTS-B BLDG	NEW CAP REL C OSTS-PFD	NEW CAP REL C OSTS-CHIP
NONREIMBURS COST CENTERS		1.06	2	3	3.01	3.02	3.03	3.04
096	09 CATERING							
096	10 RETAIL PHARMACY							
096	11 PUBLIC RELATIONS							
096	12 PHYSICIAN PRACTICE DEVELO							
096	13 RECOVERY RESOURCES							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 PHYSICIANS' PRIVATE OFFIC	93,104						
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	139,018	58,964					

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-POB I	NEW CAP REL C OSTS-GRAHAM	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMITTING	CASHIERING
	3.05	3.06	4	4a	5	6.01	6.02
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				24,994	24,994		
006 01 ADMITTING				3,362	338	3,700	
006 02 CASHIERING				13,374	265		13,639
006 03 MENTAL HEALTH ADMINISTRAT				139	92		
006 04 ADMINISTRATIVE & GENERAL				157,923	1,706		
008 OPERATION OF PLANT				115,675	686		
008 01 OPERATION OF PLANT- POB I					1		
009 LAUNDRY & LINEN SERVICE				2,778			
010 HOUSEKEEPING				5,618	450		
010 01 HOUSEKEEPING-POB I				325	37		
011 DIETARY				10,816			
012 CAFETERIA				4,769			
014 NURSING ADMINISTRATION				2,515	577		
015 CENTRAL SERVICES & SUPPLY				3,056	123		
016 PHARMACY				1,707	724		
017 MEDICAL RECORDS & LIBRARY				7,113	969		
018 SOCIAL SERVICE					205		
022 I&R SERVICES-SALARY & FRI					24		
024 PARAMED ED PRGM					6		
025 INPAT ROUTINE SRVC CNTRS				61,824	5,759	394	1,446
026 ADULTS & PEDIATRICS				5,003	1,294	70	258
027 INTENSIVE CARE UNIT				4,257	863	57	208
027 CORONARY CARE UNIT				3,997	315	17	62
031 SUBPROVIDER				4,596	301	20	73
031 01 SUBPROVIDER 2				5,591	302	8	30
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS				33,576	1,472	181	665
038 OPERATING ROOM				2,860	170	25	92
040 RECOVERY ROOM				244	14	37	136
040 ANESTHESIOLOGY				149,650	1,269	351	1,286
041 RADIOLOGY-DIAGNOSTIC				6,573	133	197	724
041 01 C.T. SCAN				32,151	1,352	595	2,243
044 LABORATORY				1,889	190	30	111
044 01 G.I. LAB				383	71	25	91
044 02 VASCULAR LAB				305	70	18	67
044 03 LABORATORY-PATHOLOGY				491	225	69	253
047 BLOOD STORING, PROCESSING				1,379	859	150	550
049 RESPIRATORY THERAPY				35,079	449	39	144
050 PHYSICAL THERAPY				4,893	217	19	71
051 OCCUPATIONAL THERAPY				4,779	68	5	20
052 SPEECH PATHOLOGY				4,900	391	203	744
053 ELECTROCARDIOLOGY				439	26	15	54
054 ELECTROENCEPHALOGRAPHY						419	1,537
055 MEDICAL SUPPLIES CHARGED						340	1,248
056 DRUGS CHARGED TO PATIENTS				833		67	246
057 RENAL DIALYSIS					30	1	5
059 SHOCK THERAPY				3,251	151	28	101
059 01 PAIN MANAGEMENT & OP CHEM					34		1
059 02 DIABETES CARE CENTER					67	9	34
059 03 OP PSYCH				1,382	53	2	7
059 04 CARDIAC REHAB							
061 OUTPAT SERVICE COST CNTRS				11,766	1,314	217	796
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS				1,168	996	92	336
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS				737,423	24,658	3,700	13,639
095 SUBTOTALS							
096 NONREIMBURS COST CENTERS				775			
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS				1,233			
096 02 NON REIMBURSABLE B BLDG				23			
096 03 ROOM RENTAL				41,651			
096 04 NON REIMBURSABLE CHIP				4,389			
096 05 NON REIMBURSABLE PFD				8,735			
096 06 NON REIMBURSABLE HOSPITAL				13,687			
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							

COST CENTER DESCRIPTION	NEW CAP REL OSTS-POB I	C NEW CAP REL OSTS-GRAHAM	C NEW CAP REL OSTS-MVBLE	E SUBTOTAL	EMPLOYEE BENE FITS	ADMITTING	CASHIERING
NONREIMBURS COST CENTERS	3.05	3.06	4	4a	5	6.01	6.02
096 09 CATERING				228			
096 10 RETAIL PHARMACY					168		
096 11 PUBLIC RELATIONS				3,066	70		
096 12 PHYSICIAN PRACTICE DEVELO				3,252	76		
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE OFFIC				179,503			
098 01 PHYSICIANS' PRIVATE OFFIC				93,104	22		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				1,087,069	24,994	3,700	13,639

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MENTAL HEALTH ADMINISTRATIVE & GENERAL		OPERATION OF PLANT	OPERATION OF PLANT- POB I	LAUNDRY & LINEN SERVICE	HOUSEKEEPING- POB I	HOUSEKEEPING- POB I
	6.03	6.04	8	8.01	9	10	10.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG & WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG & WHSE							
003 01 NEW CAP REL COSTS-B BLDG							
003 02 NEW CAP REL COSTS-PFD							
003 03 NEW CAP REL COSTS-CHIP							
003 04 NEW CAP REL COSTS-POB I							
003 05 NEW CAP REL COSTS-GRAHAM							
003 06 NEW CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRATIVE & GENERAL	231	159,629					
006 04 ADMINISTRATIVE & GENERAL		7,812	124,173				
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT- POB I				8			
009 LAUNDRY & LINEN SERVICE		1,102	1,440		5,320		
010 HOUSEKEEPING		2,666	1,819			10,553	
010 01 HOUSEKEEPING-POB I		168					530
011 DIETARY		2,975	2,666			239	
012 CAFETERIA		740	2,955			265	
014 NURSING ADMINISTRATION		3,036	366			33	3
015 CENTRAL SERVICES & SUPPLY		621	1,584		67	142	
016 PHARMACY		2,956	885			79	
017 MEDICAL RECORDS & LIBRARY		4,367	1,391			125	11
018 SOCIAL SERVICE		748					
022 I&R SERVICES-SALARY & FRI		80					
024 PARAMED ED PRGM		22					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	133	25,592	32,249		2,404	2,897	
026 INTENSIVE CARE UNIT		5,701	2,707		332	243	
027 CORONARY CARE UNIT		3,782	2,207		250	198	
031 SUBPROVIDER		1,330	2,072		154	186	
031 01 SUBPROVIDER 2	98	1,666	2,383		69	214	
034 SKILLED NURSING FACILITY		1,414	2,899		178	260	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		10,292	16,013		473	1,438	
038 RECOVERY ROOM		777	785			71	
040 ANESTHESIOLOGY		330	126			11	
041 RADIOLOGY-DIAGNOSTIC		8,017	12,516	1	122	1,124	45
041 01 C.T. SCAN		914	530		120	48	
044 LABORATORY		9,040	6,041			543	2
044 01 G.I. LAB		1,061	1,656		48	149	
044 02 VASCULAR LAB		423	473		23	42	
044 03 LABORATORY-PATHOLOGY		463	377			34	
047 BLOOD STORING, PROCESSING		3,239	607			54	
049 RESPIRATORY THERAPY		3,872	753		1	68	
050 PHYSICAL THERAPY		1,812	1,043		25	94	
051 OCCUPATIONAL THERAPY		841	575			52	
052 SPEECH PATHOLOGY		284	392			35	
053 ELECTROCARDIOLOGY		2,192	3,110		57	279	
054 ELECTROENCEPHALOGRAPHY		128	542		4	49	
055 MEDICAL SUPPLIES CHARGED		16,213					
056 DRUGS CHARGED TO PATIENTS		10,523					
057 RENAL DIALYSIS		1,585	432			39	
059 SHOCK THERAPY		125					
059 01 PAIN MANAGEMENT & OP CHEM		887	97		9	9	7
059 02 DIABETES CARE CENTER		222					
059 03 OP PSYCH		646					
059 04 CARDIAC REHAB		225	716			64	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		7,014	7,243		785	651	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES		4,596	269		199	24	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	231	152,506	111,919	1	5,320	9,759	68
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		15	402			36	
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG		1	1,522			137	
096 03 ROOM RENTAL			12			1	
096 04 NON REIMBURSABLE CHIP		56	3,357			302	
096 05 NON REIMBURSABLE PFD		6	950			85	
096 06 NON REIMBURSABLE HOSPITAL		170	4,528			100	
096 07 NON REIMBURSABLE POB I		20					33
096 08 MEALS ON WHEELS							

COST CENTER DESCRIPTION		MENTAL HEALTH ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING- POB I
		6.03	6.04	8	8.01	9	10	10.01
NONREIMBURS COST CENTERS								
096	09 CATERING		257	49			4	
096	10 RETAIL PHARMACY		4,531					
096	11 PUBLIC RELATIONS		1,032	730			66	
096	12 PHYSICIAN PRACTICE DEVELO		486	704			63	
096	13 RECOVERY RESOURCES		9					
098	PHYSICIANS' PRIVATE OFFIC		257		7			429
098	01 PHYSICIANS' PRIVATE OFFIC		283					
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	231	159,629	124,173	8	5,320	10,553	530

	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	11	12	14	15	16	17	18
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
011 DIETARY	16,696						
012 CAFETERIA		8,729					
014 NURSING ADMINISTRATION		162	6,692				
015 CENTRAL SERVICES & SUPPLY		68		5,661			
016 PHARMACY		174			6,525		
017 MEDICAL RECORDS & LIBRARY		426				14,402	
018 SOCIAL SERVICE		64					1,017
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM		4					
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,050	2,209	3,599			1,577	585
026 INTENSIVE CARE UNIT	1,022	347	567			281	
027 CORONARY CARE UNIT	832	290	474			226	
031 SUBPROVIDER	715	106	172			68	
031 01 SUBPROVIDER 2	751	108	177			79	432
034 SKILLED NURSING FACILITY	711	121	197			32	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		420	547		50	725	
038 RECOVERY ROOM		49	80			100	
040 ANESTHESIOLOGY		10				148	
041 RADIOLOGY-DIAGNOSTIC		404		21		1,403	
041 01 C.T. SCAN		46				789	
044 LABORATORY		555				1,975	
044 01 G.I. LAB		57				121	
044 02 VASCULAR LAB		21				99	
044 03 LABORATORY-PATHOLOGY		30				73	
047 BLOOD STORING, PROCESSING		94				276	
049 RESPIRATORY THERAPY		270				600	
050 PHYSICAL THERAPY		179				157	
051 OCCUPATIONAL THERAPY		78				78	
052 SPEECH PATHOLOGY		22				22	
053 ELECTROCARDIOLOGY		122				812	
054 ELECTROENCEPHALOGRAPHY		11				59	
055 MEDICAL SUPPLIES CHARGED				5,640		1,676	
056 DRUGS CHARGED TO PATIENTS					6,449	1,362	
057 RENAL DIALYSIS						268	
059 SHOCK THERAPY		9				5	
059 01 PAIN MANAGEMENT & OP CHEM		48	78		26	110	
059 02 DIABETES CARE CENTER		43	70			1	
059 03 OP PSYCH		25				37	
059 04 CARDIAC REHAB		16				8	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		448	731			868	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		488				367	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	15,081	7,524	6,692	5,661	6,525	14,402	1,017
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS	1,615	1,092					

COST CENTER DESCRIPTION	I&R SERVICES-SALARY & FRI	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	25	26	27
001 GENERAL SERVICE COST CNTR				
001 01 OLD CAP REL COSTS-BLDG &				
001 02 OLD CAP REL COSTS-WHSE				
001 03 OLD CAP REL COSTS-B BLDG				
001 04 OLD CAP REL COSTS-PFD				
001 05 OLD CAP REL COSTS-CHIP				
001 06 OLD CAP REL COSTS-POB I				
002 OLD CAP REL COSTS-GRAHAM				
003 OLD CAP REL COSTS-MVBLE E				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-WHSE				
003 03 NEW CAP REL COSTS-B BLDG				
003 04 NEW CAP REL COSTS-PFD				
003 05 NEW CAP REL COSTS-CHIP				
003 06 NEW CAP REL COSTS-POB I				
004 NEW CAP REL COSTS-GRAHAM				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 ADMITTING				
006 02 CASHIERING				
006 03 MENTAL HEALTH ADMINISTRAT				
006 04 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
008 01 OPERATION OF PLANT- POB I				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
010 01 HOUSEKEEPING-POB I				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
022 I&R SERVICES-SALARY & FRI	104			
024 PARAMED ED PRGM		32		
025 INPAT ROUTINE SRVC CNTRS		151,718		151,718
026 ADULTS & PEDIATRICS		17,825		17,825
027 INTENSIVE CARE UNIT		13,644		13,644
031 CORONARY CARE UNIT		9,194		9,194
031 01 SUBPROVIDER 2		10,967		10,967
034 SUBPROVIDER		11,743		11,743
034 01 SKILLED NURSING FACILITY				
037 ANCILLARY SRVC COST CNTRS				
037 01 OPERATING ROOM		65,852		65,852
038 02 RECOVERY ROOM		5,009		5,009
040 03 ANESTHESIOLOGY		1,056		1,056
041 04 RADIOLOGY-DIAGNOSTIC		176,209		176,209
041 01 C.T. SCAN		10,074		10,074
044 02 LABORATORY		54,497		54,497
044 01 G.I. LAB		5,312		5,312
044 02 VASCULAR LAB		1,651		1,651
044 03 LABORATORY-PATHOLOGY		1,437		1,437
047 04 BLOOD STORING, PROCESSING		5,308		5,308
049 05 RESPIRATORY THERAPY		8,502		8,502
050 06 PHYSICAL THERAPY		39,021		39,021
051 07 OCCUPATIONAL THERAPY		6,824		6,824
052 08 SPEECH PATHOLOGY		5,627		5,627
053 09 ELECTROCARDIOLOGY		12,810		12,810
054 10 ELECTROENCEPHALOGRAPHY		1,327		1,327
055 11 MEDICAL SUPPLIES CHARGED		25,485		25,485
056 12 DRUGS CHARGED TO PATIENTS		19,922		19,922
057 13 RENAL DIALYSIS		3,470		3,470
059 14 SHOCK THERAPY		175		175
059 01 PAIN MANAGEMENT & OP CHEM		4,802		4,802
059 02 DIABETES CARE CENTER		371		371
059 03 OP PSYCH		818		818
059 04 CARDIAC REHAB		2,473		2,473
061 OUTPAT SERVICE COST CNTRS				
061 01 EMERGENCY		31,833		31,833
062 02 OBSERVATION BEDS (NON-DIS				
065 03 OTHER REIMBURS COST CNTRS				
065 04 AMBULANCE SERVICES		8,535		8,535
095 05 SPEC PURPOSE COST CENTERS				
095 06 SUBTOTALS		713,491		713,491
096 07 NONREIMBURS COST CENTERS				
096 01 GIFT, FLOWER, COFFEE SHOP		1,228		1,228
096 02 VISITOR MEALS				
096 03 NON REIMBURSABLE B BLDG		2,893		2,893
096 04 ROOM RENTAL		36		36
096 05 NON REIMBURSABLE CHIP		45,366		45,366
096 06 NON REIMBURSABLE PFD		5,430		5,430
096 07 NON REIMBURSABLE HOSPITAL		13,533		13,533
096 08 NON REIMBURSABLE POB I		13,740		13,740
096 09 MEALS ON WHEELS		2,707		2,707

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART II

COST CENTER DESCRIPTION		I&R SERVICES-SALARY & FRI		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		22		25	26	27
	NONREIMBURS COST CENTERS					
096	09 CATERING			538		538
096	10 RETAIL PHARMACY			4,753		4,753
096	11 PUBLIC RELATIONS			4,986		4,986
096	12 PHYSICIAN PRACTICE DEVELO			4,602		4,602
096	13 RECOVERY RESOURCES			9		9
098	PHYSICIANS' PRIVATE OFFIC			180,196		180,196
098	01 PHYSICIANS' PRIVATE OFFIC			93,425		93,425
101	CROSS FOOT ADJUSTMENTS	104	32	136		136
102	NEGATIVE COST CENTER					
103	TOTAL	104	32	1,087,069		1,087,069

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL OSTS-BLDG & OSTS-WHSE	OLD CAP REL OSTS-B BLDG	OLD CAP REL OSTS-PFD	OLD CAP REL OSTS-CHIP	OLD CAP REL OSTS-POB I	
	0	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	25,192						
006 01 ADMITTING	15,662						
006 02 CASHIERING	12,140						
006 03 MENTAL HEALTH ADMINISTRAT	2,990						
006 04 ADMINISTRATIVE & GENERAL	806,090						
008 OPERATION OF PLANT	11,178						
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
011 DIETARY	3,103						
012 CAFETERIA							
014 NURSING ADMINISTRATION	10,312						
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	360,139						
017 MEDICAL RECORDS & LIBRARY	3,152						
018 SOCIAL SERVICE	2,827						
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	21,638						
026 INTENSIVE CARE UNIT	2,829						
027 CORONARY CARE UNIT	574						
031 SUBPROVIDER	564						
031 01 SUBPROVIDER 2	5,673						
034 SKILLED NURSING FACILITY	3,375						
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	15,711						
038 RECOVERY ROOM							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	9,626						
041 01 C.T. SCAN							
044 LABORATORY	11,283						
044 01 G.I. LAB							
044 02 VASCULAR LAB							
044 03 LABORATORY-PATHOLOGY	35,769						
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY	12,080						
050 PHYSICAL THERAPY	11,857						
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	5,525						
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,206,037						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	714						
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM	1,149						
059 02 DIABETES CARE CENTER	2,513						
059 03 OP PSYCH	5,590						
059 04 CARDIAC REHAB	383						
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	12,434						
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	3,266						
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	2,621,375						
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-WHSE	OLD CAP REL C OSTS-B BLDG	OLD CAP REL C OSTS-PFD	OLD CAP REL C OSTS-CHIP	OLD CAP REL C OSTS-POB I
NONREIMBURS COST CENTERS	0	1	1.01	1.02	1.03	1.04	1.05
096 09 CATERING							
096 10 RETAIL PHARMACY	865						
096 11 PUBLIC RELATIONS	3,639						
096 12 PHYSICIAN PRACTICE DEVELO	2,955						
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,628,834						

ALLOCATION OF NEW CAPITAL RELATED COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	26-0180	I	FROM 1/ 1/2008	I	5/26/2009
I		I	TO 12/31/2008	I	WORKSHEET B
					PART III

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C				
	OSTS-GRAHAM	OSTS-MVBLE E	OSTS-BLDG &	OSTS-WHSE	OSTS-B BLDG	OSTS-PFD	OSTS-CHIP
	1.06	2	3	3.01	3.02	3.03	3.04
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-WHSE							
001 03 OLD CAP REL COSTS-B BLDG							
001 04 OLD CAP REL COSTS-PFD							
001 05 OLD CAP REL COSTS-CHIP							
001 06 OLD CAP REL COSTS-POB I							
002 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS			8,770			5,600	
006 01 ADMITTING			18,288			1,162	
006 02 CASHIERING			24,062			5,866	
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL			393,772			33,940	1,587
008 OPERATION OF PLANT			561,559			7,450	13,796
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE			52,065				
010 HOUSEKEEPING			50,106			280	800
010 01 HOUSEKEEPING-POB I							
011 DIETARY			7,249			263	
012 CAFETERIA			37,349			720	
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY			57,274				
016 PHARMACY			31,979				
017 MEDICAL RECORDS & LIBRARY			50,267				
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			1,153,439				
026 INTENSIVE CARE UNIT			90,774				
027 CORONARY CARE UNIT			79,768				
031 SUBPROVIDER			74,894				
031 01 SUBPROVIDER 2			86,130				
034 SKILLED NURSING FACILITY			104,775				
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			576,195				
038 RECOVERY ROOM			28,383				
040 ANESTHESIOLOGY			4,563				
041 RADIOLOGY-DIAGNOSTIC			77,556				44,655
041 01 C.T. SCAN							2,322
044 LABORATORY			53,609				
044 01 G.I. LAB			17,666				
044 02 VASCULAR LAB							
044 03 LABORATORY-PATHOLOGY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY			24,857				
050 PHYSICAL THERAPY			37,706				
051 OCCUPATIONAL THERAPY			20,778				
052 SPEECH PATHOLOGY			14,163				
053 ELECTROCARDIOLOGY			76,899				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS			15,603				
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP CHEM			3,492				
059 02 DIABETES CARE CENTER							
059 03 OP PSYCH							
059 04 CARDIAC REHAB			25,894				
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			190,605				
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			4,050,489			55,281	63,160
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			14,520				
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL			426				
096 04 NON REIMBURSABLE CHIP							14,711
096 05 NON REIMBURSABLE PFD						2,138	
096 06 NON REIMBURSABLE HOSPITAL			163,685				
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-GRAHAM	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-WHSE	NEW CAP REL C OSTS-B BLDG	NEW CAP REL C OSTS-PFD	NEW CAP REL C OSTS-CHIP
		1.06	2	3	3.01	3.02	3.03	3.04
NONREIMBURS COST CENTERS								
096	09 CATERING						111	
096	10 RETAIL PHARMACY							
096	11 PUBLIC RELATIONS			4,114			1,386	
096	12 PHYSICIAN PRACTICE DEVELO						1,584	
096	13 RECOVERY RESOURCES							
098	PHYSICIANS' PRIVATE OFFIC							
098	01 PHYSICIANS' PRIVATE OFFIC							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL			4,233,234			60,500	77,871

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-POB I	NEW CAP REL C OSTS-GRAHAM	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMITTING	CASHIERING
	3.05	3.06	4	4a	5	6.01	6.02
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG & WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG & WHSE							
003 01 NEW CAP REL COSTS-POB I							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	3,540		14,682	57,784	57,784		
006 01 ADMITTING			14,231	49,343	781	50,124	
006 02 CASHIERING			229	42,297	613		42,910
006 03 MENTAL HEALTH ADMINISTRATION				2,990	212		
006 04 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	19,720	5,453	3,269,127	4,529,689	3,941		
008 01 OPERATION OF PLANT- POB I	10,305	541	96,006	700,835	1,584		
009 LAUNDRY & LINEN SERVICE			307	52,372			
010 HOUSEKEEPING			10,585	61,771	1,039		
010 01 HOUSEKEEPING-POB I	146			146	85		
011 DIETARY			69,203	79,818			
012 CAFETERIA			16,623	54,692			
014 NURSING ADMINISTRATION	535		511,399	522,246	1,333		
015 CENTRAL SERVICES & SUPPLY			42,600	99,874	284		
016 PHARMACY			133,978	526,096	1,672		
017 MEDICAL RECORDS & LIBRARY	1,994		2,879	58,292	2,238		
018 SOCIAL SERVICE				2,827	473		
022 I&R SERVICES-SALARY & FRI					54		
024 PARAMED ED PRGM					14		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			80,887	1,255,964	13,352	5,389	4,600
027 INTENSIVE CARE UNIT			166,148	259,751	2,988	961	820
031 CORONARY CARE UNIT			149,068	229,410	1,994	774	660
031 01 SUBPROVIDER			3,938	79,396	728	231	197
031 01 SUBPROVIDER 2			576	92,379	695	271	231
034 SKILLED NURSING FACILITY			20,104	128,254	697	111	94
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM			840,182	1,432,088	3,401	2,477	2,114
040 RECOVERY ROOM			87,947	116,330	394	342	292
041 ANESTHESIOLOGY			20,266	24,829	33	506	432
041 01 RADIOLOGY-DIAGNOSTIC	8,523		1,195,497	1,335,857	2,931	4,794	4,092
041 01 C.T. SCAN			5,446	7,768	308	2,697	2,302
044 LABORATORY	442		394,697	460,031	3,124	7,660	6,663
044 01 G.I. LAB			22,798	40,464	440	413	352
044 02 VASCULAR LAB			43,686	43,686	164	338	288
044 03 LABORATORY-PATHOLOGY			52,141	87,910	161	249	213
047 BLOOD STORING, PROCESSING			1,821	1,821	521	943	805
049 RESPIRATORY THERAPY			120,906	157,843	1,985	2,051	1,751
050 PHYSICAL THERAPY		26,184	9,151	84,898	1,036	535	457
051 OCCUPATIONAL THERAPY		3,195	684	24,657	502	265	226
052 SPEECH PATHOLOGY		3,397	9,735	27,295	156	74	64
053 ELECTROCARDIOLOGY			497,841	580,265	904	2,775	2,369
054 ELECTROENCEPHALOGRAPHY			15,782	15,782	60	201	171
055 MEDICAL SUPPLIES CHARGED				1,206,037		5,728	4,890
056 DRUGS CHARGED TO PATIENTS						4,653	3,972
057 RENAL DIALYSIS			17,671	33,988		917	783
059 SHOCK THERAPY			3,076	3,076	68	18	16
059 01 PAIN MANAGEMENT & OP CHEM	1,379		15,993	22,013	349	376	321
059 02 DIABETES CARE CENTER				2,513	78	4	4
059 03 OP PSYCH			20,521	26,111	155	125	107
059 04 CARDIAC REHAB			1,811	28,088	121	26	22
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY			206,784	409,823	3,035	2,966	2,532
065 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES			192,951	196,217	2,301	1,254	1,070
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	46,584	38,770	8,379,957	15,255,616	57,007	50,124	42,910
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				14,520			
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG				426			
096 03 ROOM RENTAL				14,711			
096 04 NON REIMBURSABLE CHIP				2,138			
096 05 NON REIMBURSABLE PFD				163,685			
096 06 NON REIMBURSABLE HOSPITAL				6,159			
096 07 NON REIMBURSABLE POB I	6,159						
096 08 MEALS ON WHEELS							

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-POB I	NEW CAP REL C OSTS-GRAHAM	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMITTING	CASHIERING
NONREIMBURS COST CENTERS		3.05	3.06	4	4a	5	6.01	6.02
096	09 CATERING			6,100	6,211			
096	10 RETAIL PHARMACY			395	1,260	388		
096	11 PUBLIC RELATIONS				9,139	162		
096	12 PHYSICIAN PRACTICE DEVELO			537	5,076	177		
096	13 RECOVERY RESOURCES			510	510			
098	PHYSICIANS' PRIVATE OFFIC	80,769			80,769			
098	01 PHYSICIANS' PRIVATE OFFIC		78,617		78,617	50		
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	133,512	117,387	8,387,499	15,638,837	57,784	50,124	42,910

COST CENTER DESCRIPTION	6.03	6.04	8	8.01	9	10	10.01
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT	3,202						
006 04 ADMINISTRATIVE & GENERAL		4,533,630					
008 OPERATION OF PLANT		221,979	924,398				
008 01 OPERATION OF PLANT- POB I			203	206			
009 LAUNDRY & LINEN SERVICE		31,316	10,723		94,411		
010 HOUSEKEEPING		75,738	13,545		1	152,094	
010 01 HOUSEKEEPING-POB I			4,786				5,017
011 DIETARY		84,520	19,846			3,451	
012 CAFETERIA		21,014	22,001			3,826	
014 NURSING ADMINISTRATION		86,260	2,727	1		474	27
015 CENTRAL SERVICES & SUPPLY		17,636	11,796		1,198	2,051	
016 PHARMACY		83,991	6,586			1,145	
017 MEDICAL RECORDS & LIBRARY		124,068	10,353	4		1,800	100
018 SOCIAL SERVICE		21,246					
022 I&R SERVICES-SALARY & FRI		2,268					
024 PARAMED ED PRGM		615					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,844	725,268	240,071		42,649	41,746	
026 INTENSIVE CARE UNIT		161,987	20,155		5,901	3,505	
027 CORONARY CARE UNIT		107,456	16,428		4,432	2,857	
031 SUBPROVIDER		37,779	15,425		2,728	2,682	
031 01 SUBPROVIDER 2	1,358	47,324	17,739		1,227	3,084	
034 SKILLED NURSING FACILITY		40,174	21,579		3,161	3,752	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		292,428	119,205		8,400	20,728	
038 RECOVERY ROOM		22,066	5,846			1,016	
040 ANESTHESIOLOGY		9,385	940			163	
041 RADIOLOGY-DIAGNOSTIC		227,803	93,171	18	2,167	16,201	428
041 01 C.T. SCAN		25,962	3,945		2,125	686	
044 LABORATORY		256,846	44,973	1	1	7,820	22
044 01 G.I. LAB		30,140	12,330		858	2,144	
044 02 VASCULAR LAB		12,011	3,522		400	612	
044 03 LABORATORY-PATHOLOGY		13,154	2,803			487	
047 BLOOD STORING, PROCESSING		92,029	4,517			785	
049 RESPIRATORY THERAPY		110,020	5,608		11	975	
050 PHYSICAL THERAPY		51,479	7,766		435	1,350	
051 OCCUPATIONAL THERAPY		23,892	4,279			744	
052 SPEECH PATHOLOGY		8,083	2,917			507	
053 ELECTROCARDIOLOGY		62,271	23,152		1,010	4,026	
054 ELECTROENCEPHALOGRAPHY		3,636	4,035		70	702	
055 MEDICAL SUPPLIES CHARGED		460,676					
056 DRUGS CHARGED TO PATIENTS		299,006					
057 RENAL DIALYSIS		45,027	3,214			559	
059 SHOCK THERAPY		3,565					
059 01 PAIN MANAGEMENT & OP CHEM		25,207	719	3	163	125	69
059 02 DIABETES CARE CENTER		6,306					
059 03 OP PSYCH		18,361					
059 04 CARDIAC REHAB		6,401	5,333		4	927	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		199,284	53,918		13,934	9,375	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		130,580	2,001		3,536	348	
065 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,202	4,331,246	833,168	27	94,411	140,653	646
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		429	2,990			520	
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG		35	11,333			1,971	
096 03 ROOM RENTAL		13	88			15	
096 04 NON REIMBURSABLE CHIP		1,581	24,994			4,346	
096 05 NON REIMBURSABLE PFD		183	7,073			1,230	
096 06 NON REIMBURSABLE HOSPITAL		4,835	33,711			1,439	
096 07 NON REIMBURSABLE POB I		557		13			310
096 08 MEALS ON WHEELS							

COST CENTER DESCRIPTION	MENTAL HEALTH ADMINISTRATIVE	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING POB I	HOUSEKEEPING- POB I
NONREIMBURS COST CENTERS	6.03	6.04	8	8.01	9	10	10.01
096 09 CATERING		7,293	368			64	
096 10 RETAIL PHARMACY		128,753					
096 11 PUBLIC RELATIONS		29,309	5,433			945	
096 12 PHYSICIAN PRACTICE DEVELO		13,803	5,240			911	
096 13 RECOVERY RESOURCES		242					
098 PHYSICIANS' PRIVATE OFFIC		7,299		166			4,061
098 01 PHYSICIANS' PRIVATE OFFIC		8,052					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,202	4,533,630	924,398	206	94,411	152,094	5,017

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	11	12	14	15	16	17	18
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-WHSE							
001 02 OLD CAP REL COSTS-B BLDG							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHIP							
001 05 OLD CAP REL COSTS-POB I							
001 06 OLD CAP REL COSTS-GRAHAM							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-WHSE							
003 02 NEW CAP REL COSTS-B BLDG							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHIP							
003 05 NEW CAP REL COSTS-POB I							
003 06 NEW CAP REL COSTS-GRAHAM							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINISTRAT							
006 04 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT- POB I							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
011 DIETARY	187,635						
012 CAFETERIA		101,533					
014 NURSING ADMINISTRATION		1,889	614,957				
015 CENTRAL SERVICES & SUPPLY		787		133,626			
016 PHARMACY		2,027			621,517		
017 MEDICAL RECORDS & LIBRARY		4,957				201,812	
018 SOCIAL SERVICE		749					25,295
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM		52					
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	124,198	25,685	330,813	4		21,687	14,562
026 INTENSIVE CARE UNIT	11,480	4,041	52,057			3,868	
027 CORONARY CARE UNIT	9,345	3,378	43,516			3,114	
031 SUBPROVIDER	8,038	1,230	15,841			929	
031 01 SUBPROVIDER 2	8,444	1,260	16,230			1,090	10,733
034 SKILLED NURSING FACILITY	7,985	1,404	18,089			445	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		4,883	50,258	10	4,794	9,968	
038 RECOVERY ROOM		571	7,347			1,377	
040 ANESTHESIOLOGY		112				2,035	
041 RADIOLOGY-DIAGNOSTIC		4,698		499		19,293	
041 01 C.T. SCAN		537				10,854	
044 LABORATORY		6,453		7		30,923	
044 01 G.I. LAB		668				1,661	
044 02 VASCULAR LAB		242				1,359	
044 03 LABORATORY-PATHOLOGY		347				1,003	
047 BLOOD STORING, PROCESSING		1,094				3,796	
049 RESPIRATORY THERAPY		3,140			18	8,255	
050 PHYSICAL THERAPY		2,085				2,154	
051 OCCUPATIONAL THERAPY		904				1,067	
052 SPEECH PATHOLOGY		252				300	
053 ELECTROCARDIOLOGY		1,414				11,166	
054 ELECTROENCEPHALOGRAPHY		126		2		807	
055 MEDICAL SUPPLIES CHARGED				133,104		23,051	
056 DRUGS CHARGED TO PATIENTS					614,191	18,725	
057 RENAL DIALYSIS						3,690	
059 SHOCK THERAPY		100				74	
059 01 PAIN MANAGEMENT & OP CHEM		560	7,212		2,514	1,513	
059 02 DIABETES CARE CENTER		501	6,430			18	
059 03 OP PSYCH		293				503	
059 04 CARDIAC REHAB		181				104	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		5,214	67,164			11,937	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		5,673				5,046	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	169,490	87,507	614,957	133,626	621,517	201,812	25,295
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BLDG							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSPITAL							
096 07 NON REIMBURSABLE POB I							
096 08 MEALS ON WHEELS	18,145	12,705					

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	11	12	14	15	16	17	18
NONREIMBURS COST CENTERS							
096 09							
096 10							
096 11							
096 12							
096 13							
098							
098 01							
101							
102							
103							
	187,635	101,533	614,957	133,626	621,517	201,812	25,295

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	24	25	26	27
GENERAL SERVICE COST CNTR					
001 OLD CAP REL COSTS-BLDG &					
001 01 OLD CAP REL COSTS-WHSE					
001 02 OLD CAP REL COSTS-B BLDG					
001 03 OLD CAP REL COSTS-PFD					
001 04 OLD CAP REL COSTS-CHIP					
001 05 OLD CAP REL COSTS-POB I					
001 06 OLD CAP REL COSTS-GRAHAM					
002 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
003 01 NEW CAP REL COSTS-WHSE					
003 02 NEW CAP REL COSTS-B BLDG					
003 03 NEW CAP REL COSTS-PFD					
003 04 NEW CAP REL COSTS-CHIP					
003 05 NEW CAP REL COSTS-POB I					
003 06 NEW CAP REL COSTS-GRAHAM					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 ADMITTING					
006 02 CASHIERING					
006 03 MENTAL HEALTH ADMINISTRAT					
006 04 ADMINISTRATIVE & GENERAL					
008 OPERATION OF PLANT					
008 01 OPERATION OF PLANT- POB I					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
010 01 HOUSEKEEPING-POB I					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
022 I&R SERVICES-SALARY & FRI	2,322				
024 PARAMED ED PRGM		681			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			2,847,832		2,847,832
026 INTENSIVE CARE UNIT			527,514		527,514
027 CORONARY CARE UNIT			423,364		423,364
031 SUBPROVIDER			165,204		165,204
031 01 SUBPROVIDER 2			202,065		202,065
034 SKILLED NURSING FACILITY			225,745		225,745
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			1,950,754		1,950,754
038 RECOVERY ROOM			155,581		155,581
040 ANESTHESIOLOGY			38,435		38,435
041 RADIOLOGY-DIAGNOSTIC			1,711,952		1,711,952
041 01 C.T. SCAN			57,184		57,184
044 LABORATORY			824,524		824,524
044 01 G.I. LAB			89,470		89,470
044 02 VASCULAR LAB			62,622		62,622
044 03 LABORATORY-PATHOLOGY			106,327		106,327
047 BLOOD STORING, PROCESSING			106,311		106,311
049 RESPIRATORY THERAPY			291,657		291,657
050 PHYSICAL THERAPY			152,195		152,195
051 OCCUPATIONAL THERAPY			56,536		56,536
052 SPEECH PATHOLOGY			39,648		39,648
053 ELECTROCARDIOLOGY			689,352		689,352
054 ELECTROENCEPHALOGRAPHY			25,592		25,592
055 MEDICAL SUPPLIES CHARGED			1,833,486		1,833,486
056 DRUGS CHARGED TO PATIENTS			940,547		940,547
057 RENAL DIALYSIS			88,178		88,178
059 SHOCK THERAPY			6,917		6,917
059 01 PAIN MANAGEMENT & OP CHEM			61,144		61,144
059 02 DIABETES CARE CENTER			15,854		15,854
059 03 OP PSYCH			45,655		45,655
059 04 CARDIAC REHAB			41,207		41,207
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			779,182		779,182
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES			348,026		348,026
095 SPEC PURPOSE COST CENTERS					
SUBTOTALS			14,910,060		14,910,060
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			18,459		18,459
096 01 VISITOR MEALS					
096 02 NON REIMBURSABLE B BLDG			13,339		13,339
096 03 ROOM RENTAL			542		542
096 04 NON REIMBURSABLE CHIP			45,632		45,632
096 05 NON REIMBURSABLE PFD			10,624		10,624
096 06 NON REIMBURSABLE HOSPITAL			203,670		203,670
096 07 NON REIMBURSABLE POB I			7,039		7,039
096 08 MEALS ON WHEELS			30,850		30,850

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B
 I I TO 12/31/2008 I PART III

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		22	24	25	26	27
NONREIMBURS COST CENTERS						
096	09 CATERING			13,936		13,936
096	10 RETAIL PHARMACY			131,025		131,025
096	11 PUBLIC RELATIONS			45,250		45,250
096	12 PHYSICIAN PRACTICE DEVELO			25,453		25,453
096	13 RECOVERY RESOURCES			752		752
098	PHYSICIANS' PRIVATE OFFIC			92,295		92,295
098	01 PHYSICIANS' PRIVATE OFFIC			86,908		86,908
101	CROSS FOOT ADJUSTMENTS	2,322	681	3,003		3,003
102	NEGATIVE COST CENTER					
103	TOTAL	2,322	681	15,638,837		15,638,837

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL	C OLD CAP REL	C OLD CAP REL	C OLD CAP REL	C OLD CAP REL	C OLD CAP REL	C OLD CAP REL
	OSTS-BLDG & SQUARE FEET	OSTS-WHSE SQUARE FEET	OSTS-B BLDG SQUARE FEET	OSTS-PFD SQUARE FEET	OSTS-CHIP SQUARE FEET	OSTS-POB I SQUARE FEET	
GENERAL SERVICE COST	1	1.01	1.02	1.03	1.04	1.05	
001 OLD CAP REL COSTS-BLD	367,344						
001 01 OLD CAP REL COSTS-WHS		19,654					
001 02 OLD CAP REL COSTS-B B			63,100				
001 03 OLD CAP REL COSTS-PFD				84,340			
001 04 OLD CAP REL COSTS-CHI					55,743		
001 05 OLD CAP REL COSTS-POB						80,364	
001 06 OLD CAP REL COSTS-GRA							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-WHS							
003 02 NEW CAP REL COSTS-B B							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHI							
003 05 NEW CAP REL COSTS-POB							
003 06 NEW CAP REL COSTS-GRA							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	761		3,734	7,807		2,131	
006 01 ADMITTING	1,587			1,620			
006 02 CASHIERING	2,088		180	8,177			
006 03 MENTAL HEALTH ADMINIS			540				
006 04 ADMINISTRATIVE & GENE	34,170	11,091	6,178	47,315	1,136	11,870	
008 OPERATION OF PLANT	48,730	1,196	4,122	10,385	9,876	6,203	
008 01 OPERATION OF PLANT- P							
009 LAUNDRY & LINEN SERVI	4,518						
010 HOUSEKEEPING	4,348		395	391	573		
010 01 HOUSEKEEPING-POB I						88	
011 DIETARY	629	7,367		366			
012 CAFETERIA	3,241		5,025	1,004			
014 NURSING ADMINISTRATIO			1,149				322
015 CENTRAL SERVICES & SU	4,970						
016 PHARMACY	2,775						
017 MEDICAL RECORDS & LIB	4,362						1,200
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY &							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN	100,091		1,063				
026 ADULTS & PEDIATRICS	7,877		615				
027 INTENSIVE CARE UNIT	6,922						
027 CORONARY CARE UNIT	6,499						
031 SUBPROVIDER	7,474						
031 01 SUBPROVIDER 2	9,092						
034 SKILLED NURSING FACIL							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	50,000		226				
038 RECOVERY ROOM	2,463						
040 ANESTHESIOLOGY	396						
041 RADIOLOGY-DIAGNOSTIC	6,730		562		31,965	5,130	
041 01 C.T. SCAN					1,662		
044 LABORATORY	4,652		14,297			266	
044 01 G.I. LAB	1,533		3,662				
044 02 VASCULAR LAB			1,484				
044 03 LABORATORY-PATHOLOGY			1,181				
047 BLOOD STORING, PROCES			1,903				
049 RESPIRATORY THERAPY	2,157		206				
050 PHYSICAL THERAPY	3,272						
051 OCCUPATIONAL THERAPY	1,803						
052 SPEECH PATHOLOGY	1,229						
053 ELECTROCARDIOLOGY	6,673		3,082				
054 ELECTROENCEPHALOGRAPH			1,700				
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS	1,354						
059 SHOCK THERAPY							
059 01 PAIN MANAGEMENT & OP	303					830	
059 02 DIABETES CARE CENTER							
059 03 OP PSYCH							
059 04 CARDIAC REHAB	2,247						
OUTPAT SERVICE COST C							
061 EMERGENCY	16,540		6,178				
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES			843				
SPEC PURPOSE COST CEN							
095 SUBTOTALS	351,486	19,654	58,325	77,065	45,212	28,040	
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,260						
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BL			4,775				
096 03 ROOM RENTAL	37						
096 04 NON REIMBURSABLE CHIP					10,531		

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING	CASHIERING	MENTAL HEALTH
	OSTS-POB I	OSTS-GRAHAM	OSTS-MVBLE E	FITS	(GROSS)	(GROSS)	(PSYCH PATIEN)
	(SQUARE FEET	(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES)	(GROSS REVENUE)	(GROSS REVENUE)	(PSYCH PATIEN DAYS)
GENERAL SERVICE COST	3.05	3.06	4	5	6.01	6.02	6.03
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-WHS							
001 02 OLD CAP REL COSTS-B B							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHI							
001 05 OLD CAP REL COSTS-POB							
001 06 OLD CAP REL COSTS-GRA							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-WHS							
003 02 NEW CAP REL COSTS-B B							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHI							
003 05 NEW CAP REL COSTS-POB	80,364						
003 06 NEW CAP REL COSTS-GRA		40,600					
004 NEW CAP REL COSTS-MVB			5,908,083				
005 EMPLOYEE BENEFITS	2,131		10,342	76,024,281			
006 01 ADMITTING			10,024	1,027,954	611,194,807		
006 02 CASHIERING			161	806,368		611,194,807	
006 03 MENTAL HEALTH ADMINIS				279,135			10,187
006 04 ADMINISTRATIVE & GENE	11,870	1,886	2,302,746	5,185,254			
008 OPERATION OF PLANT	6,203	187	67,626	2,084,365			
008 01 OPERATION OF PLANT- P				4,524			
009 LAUNDRY & LINEN SERVI			216				
010 HOUSEKEEPING			7,456	1,366,809			
010 01 HOUSEKEEPING-POB I	88			112,208			
011 DIETARY			48,746	75			
012 CAFETERIA			11,709				
014 NURSING ADMINISTRATIO	322		360,225	1,753,815			
015 CENTRAL SERVICES & SU			30,007	373,450			
016 PHARMACY			94,373	2,200,050			
017 MEDICAL RECORDS & LIB	1,200		2,028	2,944,163			
018 SOCIAL SERVICE				621,970			
022 I&R SERVICES-SALARY &				71,654			
024 PARAMED ED PRGM				18,734			
025 ADULTS & PEDIATRICS			56,976	17,558,773	65,717,840	65,717,840	5,865
026 INTENSIVE CARE UNIT			117,033	3,932,231	11,720,369	11,720,369	
027 CORONARY CARE UNIT			105,002	2,624,149	9,435,636	9,435,636	
031 SUBPROVIDER			2,774	957,738	2,813,976	2,813,976	
031 01 SUBPROVIDER 2			406	914,664	3,302,008	3,302,008	4,322
034 SKILLED NURSING FACIL			14,161	917,389	1,348,697	1,348,697	
ANCILLARY SRVC COST C							
037 OPERATING ROOM			591,817	4,475,144	30,206,344	30,206,344	
038 RECOVERY ROOM			61,949	517,821	4,173,935	4,173,935	
040 ANESTHESIOLOGY			14,275	43,276	6,167,292	6,167,292	
041 RADIOLOGY-DIAGNOSTIC	5,130		842,098	3,856,372	58,462,506	58,462,506	
041 01 C.T. SCAN			3,836	405,697	32,890,803	32,890,803	
044 LABORATORY	266		278,021	4,110,046	93,349,752	93,349,752	
044 01 G.I. LAB			16,059	578,605	5,033,555	5,033,555	
044 02 VASCULAR LAB			30,772	215,172	4,118,184	4,118,184	
044 03 LABORATORY-PATHOLOGY			36,728	211,639	3,038,845	3,038,845	
047 BLOOD STORING, PROCES			1,283	684,892	11,504,398	11,504,398	
049 RESPIRATORY THERAPY			85,165	2,611,558	25,014,261	25,014,261	
050 PHYSICAL THERAPY		9,056	6,446	1,363,312	6,527,748	6,527,748	
051 OCCUPATIONAL THERAPY		1,105	482	660,850	3,232,810	3,232,810	
052 SPEECH PATHOLOGY		1,175	6,857	205,753	907,782	907,782	
053 ELECTROCARDIOLOGY			350,675	1,189,345	33,837,608	33,837,608	
054 ELECTROENCEPHALOGRAPH			11,117	79,424	2,446,101	2,446,101	
055 MEDICAL SUPPLIES CHAR					69,851,062	69,851,062	
056 DRUGS CHARGED TO PATI					56,741,759	56,741,759	
057 RENAL DIALYSIS			12,447		11,182,636	11,182,636	
059 SHOCK THERAPY			2,167	90,114	224,559	224,559	
059 01 PAIN MANAGEMENT & OP	830		11,265	459,258	4,586,307	4,586,307	
059 02 DIABETES CARE CENTER				102,095	53,778	53,778	
059 03 OP PSYCH			14,455	204,512	1,525,687	1,525,687	
059 04 CARDIAC REHAB			1,276	159,603	314,139	314,139	
OUTPAT SERVICE COST C							
061 EMERGENCY			145,657	3,993,044	36,172,457	36,172,457	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES			135,913	3,027,988	15,291,973	15,291,973	
SPEC PURPOSE COST CEN							
095 SUBTOTALS	28,040	13,409	5,902,771	75,000,992	611,194,807	611,194,807	10,187
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BL							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING	CASHIERING	MENTAL HEALTH
	OSTS-POB I	OSTS-GRAHAM	OSTS-MVBLE E	FITS			ADMINISTRAT
	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(GROSS REVENUE)	(GROSS REVENUE)	(PSYCH PATIEN DAYS)
	3.05	3.06	4	5	6.01	6.02	6.03
NONREIMBURS COST CENT							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSP							
096 07 NON REIMBURSABLE POB	3,707						
096 08 MEALS ON WHEELS							
096 09 CATERING			4,297				
096 10 RETAIL PHARMACY			278	510,921			
096 11 PUBLIC RELATIONS				213,591			
096 12 PHYSICIAN PRACTICE DE			378	232,468			
096 13 RECOVERY RESOURCES			359				
098 PHYSICIANS' PRIVATE O	48,617						
098 01 PHYSICIANS' PRIVATE O		27,191		66,309			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	133,512	117,387	8,387,499	9,768,855	1,342,021	1,779,164	366,907
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		2.891305		.128497		.002911	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	1.661341		1.419665		.002196		36.017179
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)				24,994	3,700	13,639	231
107 COST TO BE ALLOCATED (WRKSHT B, PART III)				.000329		.000022	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000006		.022676
				57,784	50,124	42,910	3,202
				.000760		.000070	
					.000082		.314322

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT- POB I	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING- POB I
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(SQUARE FEET)
GENERAL SERVICE COST	6a.04	6.04	8	8.01	9	10	10.01
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-WHS							
001 02 OLD CAP REL COSTS-B B							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHI							
001 05 OLD CAP REL COSTS-POB							
001 06 OLD CAP REL COSTS-GRA							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-WHS							
003 02 NEW CAP REL COSTS-B B							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHI							
003 05 NEW CAP REL COSTS-POB							
003 06 NEW CAP REL COSTS-GRA							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINIS							
006 04 ADMINISTRATIVE & GENE	-38,599,010	161,662,182					
008 OPERATION OF PLANT		7,915,384	389,488				
008 01 OPERATION OF PLANT- P		7,251		60,160			
009 LAUNDRY & LINEN SERVI		1,116,681	4,518		1,763,668		
010 HOUSEKEEPING		2,700,671	5,707		23	368,546	
010 01 HOUSEKEEPING-POB I		170,666		88			60,072
011 DIETARY		3,013,850	8,362			8,362	
012 CAFETERIA		749,319	9,270			9,270	
014 NURSING ADMINISTRATIO		3,075,875	1,149	322		1,149	322
015 CENTRAL SERVICES & SU		628,879	4,970		22,377	4,970	
016 PHARMACY		2,994,974	2,775			2,775	
017 MEDICAL RECORDS & LIB		4,424,055	4,362	1,200		4,362	1,200
018 SOCIAL SERVICE		757,603					
022 I&R SERVICES-SALARY &		80,861					
024 PARAMED ED PRGM		21,928					
025 INPAT ROUTINE SRVC CN		25,862,624	101,154		796,694	101,154	
026 ADULTS & PEDIATRICS		5,776,185	8,492		110,241	8,492	
027 INTENSIVE CARE UNIT		3,831,702	6,922		82,796	6,922	
031 CORONARY CARE UNIT		1,347,127	6,499		50,957	6,499	
031 01 SUBPROVIDER 2		1,687,488	7,474		22,921	7,474	
034 SKILLED NURSING FACIL		1,432,538	9,092		59,047	9,092	
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		10,427,462	50,226		156,914	50,226	
038 RECOVERY ROOM		786,839	2,463			2,463	
040 ANESTHESIOLOGY		334,653	396			396	
041 RADIOLOGY-DIAGNOSTIC		8,123,063	39,257	5,130	40,484	39,257	5,130
041 01 C.T. SCAN		925,751	1,662		39,696	1,662	
044 LABORATORY		9,158,680	18,949	266	18	18,949	266
044 01 G.I. LAB		1,074,724	5,195		16,034	5,195	
044 02 VASCULAR LAB		428,302	1,484		7,478	1,484	
044 03 LABORATORY-PATHOLOGY		469,052	1,181			1,181	
047 BLOOD STORING, PROCES		3,281,595	1,903			1,903	
049 RESPIRATORY THERAPY		3,923,125	2,363		204	2,363	
050 PHYSICAL THERAPY		1,835,650	3,272		8,134	3,272	
051 OCCUPATIONAL THERAPY		851,940	1,803			1,803	
052 SPEECH PATHOLOGY		288,230	1,229			1,229	
053 ELECTROCARDIOLOGY		2,220,465	9,755		18,868	9,755	
054 ELECTROENCEPHALOGRAPH		129,661	1,700		1,302	1,700	
055 MEDICAL SUPPLIES CHAR		16,426,910					
056 DRUGS CHARGED TO PATI		10,662,016					
057 RENAL DIALYSIS		1,605,600	1,354			1,354	
059 SHOCK THERAPY		127,115					
059 01 PAIN MANAGEMENT & OP		898,838	303	830	3,042	303	830
059 02 DIABETES CARE CENTER		224,861					
059 03 OP PSYCH		654,721					
059 04 CARDIAC REHAB		228,257	2,247		84	2,247	
061 OUTPAT SERVICE COST C							
061 EMERGENCY		7,106,123	22,718		260,305	22,718	
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES		4,656,243	843		66,049	843	
065 SPEC PURPOSE COST CEN							
095 SUBTOTALS	-38,599,010	154,445,537	351,049	7,836	1,763,668	340,824	7,748
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		15,295	1,260			1,260	
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BL		1,233	4,775			4,775	
096 03 ROOM RENTAL		449	37			37	
096 04 NON REIMBURSABLE CHIP		56,362	10,531			10,531	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT- POB I (SQUARE FEET)	LAUNDRY & LIN EN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	HOUSEKEEPING- POB I (SQUARE FEET)
		6a.04	6.04	8	8.01	9	10	10.01
NONREIMBURS COST CENT								
096	05 NON REIMBURSABLE PFD		6,527	2,980			2,980	
096	06 NON REIMBURSABLE HOSP		172,420	14,204			3,487	
096	07 NON REIMBURSABLE POB		19,846		3,707			3,707
096	08 MEALS ON WHEELS							
096	09 CATERING		260,058	155			155	
096	10 RETAIL PHARMACY		4,591,101					
096	11 PUBLIC RELATIONS		1,045,101	2,289			2,289	
096	12 PHYSICIAN PRACTICE DE		492,205	2,208			2,208	
096	13 RECOVERY RESOURCES		8,638					
098	PHYSICIANS' PRIVATE O		260,272		48,617			48,617
098	01 PHYSICIANS' PRIVATE O		287,138					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)		38,599,010	9,805,285	8,982	1,497,043	3,489,184	211,428
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.238763		.149302		9.467431	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)		159,629	25.174806 124,173	8	.848824 5,320	10,553	3.519577 530
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000987		.000133		.028634	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)		4,533,630	.318811 924,398	206	.003016 94,411	152,094	.008823 5,017
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.028044	2.373367	.003424	.053531	.412687	.083516

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	(MEALS SERVED)	(MEALS SERVED)	(HOURS OF SERVICE)	(COSTED)EQUISITIONS	R(COSTED)EQUISITIONS	R(GROSS REVENUE)	(TIME SPENT)
	11	12	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-WHS							
001 02 OLD CAP REL COSTS-B B							
001 03 OLD CAP REL COSTS-PFD							
001 04 OLD CAP REL COSTS-CHI							
001 05 OLD CAP REL COSTS-POB							
001 06 OLD CAP REL COSTS-GRA							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-WHS							
003 02 NEW CAP REL COSTS-B B							
003 03 NEW CAP REL COSTS-PFD							
003 04 NEW CAP REL COSTS-CHI							
003 05 NEW CAP REL COSTS-POB							
003 06 NEW CAP REL COSTS-GRA							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING							
006 03 MENTAL HEALTH ADMINIS							
006 04 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT- P							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-POB I							
011 DIETARY	302,170						
012 CAFETERIA		485,296					
014 NURSING ADMINISTRATIO		9,027	1,467,268				
015 CENTRAL SERVICES & SU		3,763		16,158,417			
016 PHARMACY		9,689			10,495,966		
017 MEDICAL RECORDS & LIB		23,694				611,194,807	
018 SOCIAL SERVICE		3,581					10,000
022 I&R SERVICES-SALARY &							
024 PARAMED ED PRGM		250					
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	200,010	122,757	789,309	503		65,717,840	5,757
026 INTENSIVE CARE UNIT	18,488	19,317	124,207			11,720,369	
027 CORONARY CARE UNIT	15,049	16,147	103,827			9,435,636	
031 SUBPROVIDER	12,944	5,877	37,797			2,813,976	
031 01 SUBPROVIDER 2	13,599	6,023	38,725			3,302,008	4,243
034 SKILLED NURSING FACIL	12,859	6,712	43,159			1,348,697	
ANCILLARY SRVC COST C							
037 OPERATING ROOM		23,340	119,913	1,197	80,967	30,206,344	
038 RECOVERY ROOM		2,728	17,530			4,173,935	
040 ANESTHESIOLOGY		536				6,167,292	
041 RADIOLOGY-DIAGNOSTIC		22,456		60,391		58,462,506	
041 01 C.T. SCAN		2,568				32,890,803	
044 LABORATORY		30,844		893		93,349,752	
044 01 G.I. LAB		3,195				5,033,555	
044 02 VASCULAR LAB		1,159				4,118,184	
044 03 LABORATORY-PATHOLOGY		1,659				3,038,845	
047 BLOOD STORING, PROCES		5,231				11,504,398	
049 RESPIRATORY THERAPY		15,008			303	25,014,261	
050 PHYSICAL THERAPY		9,965				6,527,748	
051 OCCUPATIONAL THERAPY		4,319				3,232,810	
052 SPEECH PATHOLOGY		1,205				907,782	
053 ELECTROCARDIOLOGY		6,757				33,837,608	
054 ELECTROENCEPHALOGRAPH		601		260		2,446,101	
055 MEDICAL SUPPLIES CHAR				16,095,173		69,851,062	
056 DRUGS CHARGED TO PATI					10,372,236	56,741,759	
057 RENAL DIALYSIS						11,182,636	
059 SHOCK THERAPY		477				224,559	
059 01 PAIN MANAGEMENT & OP		2,676	17,208		42,460	4,586,307	
059 02 DIABETES CARE CENTER		2,396	15,342			53,778	
059 03 OP PSYCH		1,399				1,525,687	
059 04 CARDIAC REHAB		867				314,139	
OUTPAT SERVICE COST C							
061 EMERGENCY		24,921	160,251			36,172,457	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES		27,113				15,291,973	
SPEC PURPOSE COST CEN							
095 SUBTOTALS	272,949	418,257	1,467,268	16,158,417	10,495,966	611,194,807	10,000
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 VISITOR MEALS							
096 02 NON REIMBURSABLE B BL							
096 03 ROOM RENTAL							
096 04 NON REIMBURSABLE CHIP							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
	(MEALS SERVED)	(MEALS SERVED)	(HOURS OF SERVICE)	(COSTED)EQUISITIONS	R(COSTED)EQUISITIONS	R(GROSS REVENUE)	(TIME SPENT)
	11	12	14	15	16	17	18
NONREIMBURS COST CENT							
096 05 NON REIMBURSABLE PFD							
096 06 NON REIMBURSABLE HOSP							
096 07 NON REIMBURSABLE POB							
096 08 MEALS ON WHEELS	29,221	60,727					
096 09 CATERING							
096 10 RETAIL PHARMACY		2,984					
096 11 PUBLIC RELATIONS		1,250					
096 12 PHYSICIAN PRACTICE DE		1,175					
096 13 RECOVERY RESOURCES							
098 PHYSICIANS' PRIVATE O							
098 01 PHYSICIANS' PRIVATE O		903					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	4,023,125	1,249,362	3,874,504	979,886	3,831,139	5,696,867	947,710
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	13.314111	2.574433	2.640625	.060642	.365011	.009321	94.771000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	16,696	8,729	6,692	5,661	6,525	14,402	1,017
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.055254	.017987	.004561	.000350	.000622	.000024	.101700
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	187,635	101,533	614,957	133,626	621,517	201,812	25,295
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.620958	.209219	.419117	.008270	.059215	.000330	2.529500

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER	I&R SERVICES- PARAMED ED PR		
DESCRIPTION	SALARY & FRI GM	(ASSIGNED	(PATIENT DAYS
		TIME)
		22	24
GENERAL SERVICE COST			
001 OLD CAP REL COSTS-BLD			
001 01 OLD CAP REL COSTS-WHS			
001 02 OLD CAP REL COSTS-B B			
001 03 OLD CAP REL COSTS-PFD			
001 04 OLD CAP REL COSTS-CHI			
001 05 OLD CAP REL COSTS-POB			
001 06 OLD CAP REL COSTS-GRA			
002 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
003 01 NEW CAP REL COSTS-WHS			
003 02 NEW CAP REL COSTS-B B			
003 03 NEW CAP REL COSTS-PFD			
003 04 NEW CAP REL COSTS-CHI			
003 05 NEW CAP REL COSTS-POB			
003 06 NEW CAP REL COSTS-GRA			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 01 ADMITTING			
006 02 CASHIERING			
006 03 MENTAL HEALTH ADMINIS			
006 04 ADMINISTRATIVE & GENE			
008 OPERATION OF PLANT			
008 01 OPERATION OF PLANT- P			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
010 01 HOUSEKEEPING-POB I			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATIO			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB			
018 SOCIAL SERVICE			
022 I&R SERVICES-SALARY &	100		
024 PARAMED ED PRGM			86,750
INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS			63,568
026 INTENSIVE CARE UNIT			5,876
027 CORONARY CARE UNIT			4,783
031 SUBPROVIDER			4,114
031 01 SUBPROVIDER 2			4,322
034 SKILLED NURSING FACIL			4,087
ANCILLARY SRVC COST C			
037 OPERATING ROOM	100		
038 RECOVERY ROOM			
040 ANESTHESIOLOGY			
041 RADIOLOGY-DIAGNOSTIC			
041 01 C.T. SCAN			
044 LABORATORY			
044 01 G.I. LAB			
044 02 VASCULAR LAB			
044 03 LABORATORY-PATHOLOGY			
047 BLOOD STORING, PROCES			
049 RESPIRATORY THERAPY			
050 PHYSICAL THERAPY			
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY			
054 ELECTROENCEPHALOGRAPH			
055 MEDICAL SUPPLIES CHAR			
056 DRUGS CHARGED TO PATI			
057 RENAL DIALYSIS			
059 SHOCK THERAPY			
059 01 PAIN MANAGEMENT & OP			
059 02 DIABETES CARE CENTER			
059 03 OP PSYCH			
059 04 CARDIAC REHAB			
OUTPAT SERVICE COST C			
061 EMERGENCY			
062 OBSERVATION BEDS (NON			
OTHER REIMBURS COST C			
065 AMBULANCE SERVICES			
SPEC PURPOSE COST CEN			
095 SUBTOTALS	100		86,750
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
096 01 VISITOR MEALS			
096 02 NON REIMBURSABLE B BL			
096 03 ROOM RENTAL			
096 04 NON REIMBURSABLE CHIP			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET B-1
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION		I&R SERVICES- PARAMED ED PR SALARY & FRI GM	
		(ASSIGNED TIME)	(PATIENT DAYS)
NONREIMBURS COST CENT		22	24
096 05	NON REIMBURSABLE PFD		
096 06	NON REIMBURSABLE HOSP		
096 07	NON REIMBURSABLE POB		
096 08	MEALS ON WHEELS		
096 09	CATERING		
096 10	RETAIL PHARMACY		
096 11	PUBLIC RELATIONS		
096 12	PHYSICIAN PRACTICE DE		
096 13	RECOVERY RESOURCES		
098	PHYSICIANS' PRIVATE O		
098 01	PHYSICIANS' PRIVATE O		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED	100,168	27,808
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		.320553
	(WRKSHT B, PT I)	1,001.680000	
105	COST TO BE ALLOCATED	104	32
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		.000369
	(WRKSHT B, PT II)	1.040000	
107	COST TO BE ALLOCATED	2,322	681
	(PER WRKSHT B, PART		
108	UNIT COST MULTIPLIER		.007850
	(WRKSHT B, PT III)	23.220000	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO:
I 26-0180
II PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008I PREPARED 5/26/2009
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	42,459,995		42,459,995	23,228	42,483,223
26	INTENSIVE CARE UNIT	8,278,075		8,278,075		8,278,075
27	CORONARY CARE UNIT	5,662,228		5,662,228		5,662,228
31	SUBPROVIDER	2,251,989		2,251,989	6,785	2,258,774
31 01	SUBPROVIDER 2	3,101,870		3,101,870		3,101,870
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,455,997		2,455,997	280	2,456,277
37	OPERATING ROOM	15,478,199		15,478,199	29,200	15,507,399
38	RECOVERY ROOM	1,152,249		1,152,249		1,152,249
40	ANESTHESIOLOGY	487,139		487,139	16,420	503,559
41	RADIOLOGY-DIAGNOSTIC	12,082,087		12,082,087	5,134	12,087,221
41 01	C.T. SCAN	1,551,243		1,551,243		1,551,243
44	LABORATORY	12,952,356		12,952,356		12,952,356
44 01	G.I. LAB	1,580,047		1,580,047	2,866	1,582,913
44 02	VASCULAR LAB	629,692		629,692	4,237	633,929
44 03	LABORATORY-PATHOLOGY	654,552		654,552		654,552
47	BLOOD STORING, PROCESSING	4,251,742		4,251,742		4,251,742
49	RESPIRATORY THERAPY	5,213,761		5,213,761	20,705	5,234,466
50	PHYSICAL THERAPY	2,480,687		2,480,687		2,480,687
51	OCCUPATIONAL THERAPY	1,159,064		1,159,064		1,159,064
52	SPEECH PATHOLOGY	411,187		411,187		411,187
53	ELECTROCARDIOLOGY	3,437,376		3,437,376		3,437,376
54	ELECTROENCEPHALOGRAPHY	244,979		244,979		244,979
55	MEDICAL SUPPLIES CHARGED	21,976,180		21,976,180		21,976,180
56	DRUGS CHARGED TO PATIENTS	17,522,577		17,522,577		17,522,577
57	RENAL DIALYSIS	2,140,097		2,140,097		2,140,097
59	SHOCK THERAPY	160,786		160,786		160,786
59 01	PAIN MANAGEMENT & OP CHEM	1,240,147		1,240,147		1,240,147
59 02	DIABETES CARE CENTER	325,730		325,730		325,730
59 03	OP PSYCH	828,867		828,867		828,867
59 04	CARDIAC REHAB	365,828		365,828		365,828
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	10,635,240		10,635,240		10,635,240
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	698,418		698,418		698,418
65	AMBULANCE SERVICES	6,065,586		6,065,586		6,065,586
101	SUBTOTAL	189,935,970		189,935,970	108,855	190,044,825
102	LESS OBSERVATION BEDS	698,418		698,418		698,418
103	TOTAL	189,237,552		189,237,552	108,855	189,346,407

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET C
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	65,016,296		65,016,296			
26	INTENSIVE CARE UNIT	11,720,369		11,720,369			
27	CORONARY CARE UNIT	9,435,636		9,435,636			
31	SUBPROVIDER	2,813,976		2,813,976			
31 01	SUBPROVIDER 2	3,302,008		3,302,008			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,348,697		1,348,697			
37	OPERATING ROOM	17,547,147	12,659,197	30,206,344	.512416	.512416	.513382
38	RECOVERY ROOM	2,054,189	2,119,746	4,173,935	.276058	.276058	.276058
40	ANESTHESIOLOGY	3,593,615	2,573,676	6,167,291	.078988	.078988	.081650
41	RADIOLOGY-DIAGNOSTIC	24,133,804	34,328,702	58,462,506	.206664	.206664	.206752
41 01	C.T. SCAN	14,873,712	18,017,091	32,890,803	.047163	.047163	.047163
44	LABORATORY	51,419,174	41,930,579	93,349,753	.138751	.138751	.138751
44 01	G.I. LAB	2,548,831	2,484,724	5,033,555	.313903	.313903	.314472
44 02	VASCULAR LAB	2,638,798	1,479,387	4,118,185	.152905	.152905	.153934
44 03	LABORATORY-PATHOLOGY	1,610,584	1,428,261	3,038,845	.215395	.215395	.215395
47	BLOOD STORING, PROCESSING	10,080,166	1,424,232	11,504,398	.369575	.369575	.369575
49	RESPIRATORY THERAPY	23,476,340	1,537,921	25,014,261	.208432	.208432	.209259
50	PHYSICAL THERAPY	4,229,320	2,298,428	6,527,748	.380022	.380022	.380022
51	OCCUPATIONAL THERAPY	3,122,655	110,156	3,232,811	.358531	.358531	.358531
52	SPEECH PATHOLOGY	868,287	39,495	907,782	.452958	.452958	.452958
53	ELECTROCARDIOLOGY	23,580,938	10,256,670	33,837,608	.101584	.101584	.101584
54	ELECTROENCEPHALOGRAPHY	1,156,440	1,289,661	2,446,101	.100151	.100151	.100151
55	MEDICAL SUPPLIES CHARGED	49,991,253	19,859,808	69,851,061	.314615	.314615	.314615
56	DRUGS CHARGED TO PATIENTS	47,714,842	9,026,918	56,741,760	.308813	.308813	.308813
57	RENAL DIALYSIS	10,980,395	202,242	11,182,637	.191377	.191377	.191377
59	SHOCK THERAPY	140,683	83,876	224,559	.716008	.716008	.716008
59 01	PAIN MANAGEMENT & OP CHEM	103,618	4,482,689	4,586,307	.270402	.270402	.270402
59 02	DIABETES CARE CENTER		53,778	53,778	6.056938	6.056938	6.056938
59 03	OP PSYCH	3,588	1,522,099	1,525,687	.543275	.543275	.543275
59 04	CARDIAC REHAB	131	314,009	314,140	1.164538	1.164538	1.164538
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	12,028,201	24,144,256	36,172,457	.294015	.294015	.294015
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	51,827	649,718	701,545	.995543	.995543	.995543
65	AMBULANCE SERVICES	64,605	15,227,368	15,291,973	.396652	.396652	.396652
101	SUBTOTAL	401,650,125	209,544,687	611,194,812			
102	LESS OBSERVATION BEDS						
103	TOTAL	401,650,125	209,544,687	611,194,812			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:
I 26-0180
I

I PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008

I PREPARED 5/26/2009
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	42,459,995		42,459,995	23,228	42,483,223
26	INTENSIVE CARE UNIT	8,278,075		8,278,075		8,278,075
27	CORONARY CARE UNIT	5,662,228		5,662,228		5,662,228
31	SUBPROVIDER	2,251,989		2,251,989	6,785	2,258,774
31 01	SUBPROVIDER 2	3,101,870		3,101,870		3,101,870
34	SKILLED NURSING FACILITY	2,455,997		2,455,997	280	2,456,277
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,478,199		15,478,199	29,200	15,507,399
38	RECOVERY ROOM	1,152,249		1,152,249		1,152,249
40	ANESTHESIOLOGY	487,139		487,139	16,420	503,559
41	RADIOLOGY-DIAGNOSTIC	12,082,087		12,082,087	5,134	12,087,221
41 01	C.T. SCAN	1,551,243		1,551,243		1,551,243
44	LABORATORY	12,952,356		12,952,356		12,952,356
44 01	G.I. LAB	1,580,047		1,580,047	2,866	1,582,913
44 02	VASCULAR LAB	629,692		629,692	4,237	633,929
44 03	LABORATORY-PATHOLOGY	654,552		654,552		654,552
47	BLOOD STORING, PROCESSING	4,251,742		4,251,742		4,251,742
49	RESPIRATORY THERAPY	5,213,761		5,213,761	20,705	5,234,466
50	PHYSICAL THERAPY	2,480,687		2,480,687		2,480,687
51	OCCUPATIONAL THERAPY	1,159,064		1,159,064		1,159,064
52	SPEECH PATHOLOGY	411,187		411,187		411,187
53	ELECTROCARDIOLOGY	3,437,376		3,437,376		3,437,376
54	ELECTROENCEPHALOGRAPHY	244,979		244,979		244,979
55	MEDICAL SUPPLIES CHARGED	21,976,180		21,976,180		21,976,180
56	DRUGS CHARGED TO PATIENTS	17,522,577		17,522,577		17,522,577
57	RENAL DIALYSIS	2,140,097		2,140,097		2,140,097
59	SHOCK THERAPY	160,786		160,786		160,786
59 01	PAIN MANAGEMENT & OP CHEM	1,240,147		1,240,147		1,240,147
59 02	DIABETES CARE CENTER	325,730		325,730		325,730
59 03	OP PSYCH	828,867		828,867		828,867
59 04	CARDIAC REHAB	365,828		365,828		365,828
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	10,635,240		10,635,240		10,635,240
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	698,418		698,418		698,418
65	AMBULANCE SERVICES	6,065,586		6,065,586		6,065,586
101	SUBTOTAL	189,935,970		189,935,970	108,855	190,044,825
102	LESS OBSERVATION BEDS	698,418		698,418		698,418
103	TOTAL	189,237,552		189,237,552	108,855	189,346,407

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 26-0180 I FROM 1/ 1/2008 I WORKSHEET C
I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	65,016,296		65,016,296			
26	INTENSIVE CARE UNIT	11,720,369		11,720,369			
27	CORONARY CARE UNIT	9,435,636		9,435,636			
31	SUBPROVIDER	2,813,976		2,813,976			
31 01	SUBPROVIDER 2	3,302,008		3,302,008			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,348,697		1,348,697			
37	OPERATING ROOM	17,547,147	12,659,197	30,206,344	.512416	.512416	.513382
38	RECOVERY ROOM	2,054,189	2,119,746	4,173,935	.276058	.276058	.276058
40	ANESTHESIOLOGY	3,593,615	2,573,676	6,167,291	.078988	.078988	.081650
41	RADIOLOGY-DIAGNOSTIC	24,133,804	34,328,702	58,462,506	.206664	.206664	.206752
41 01	C.T. SCAN	14,873,712	18,017,091	32,890,803	.047163	.047163	.047163
44	LABORATORY	51,419,174	41,930,579	93,349,753	.138751	.138751	.138751
44 01	G.I. LAB	2,548,831	2,484,724	5,033,555	.313903	.313903	.314472
44 02	VASCULAR LAB	2,638,798	1,479,387	4,118,185	.152905	.152905	.153934
44 03	LABORATORY-PATHOLOGY	1,610,584	1,428,261	3,038,845	.215395	.215395	.215395
47	BLOOD STORING, PROCESSING	10,080,166	1,424,232	11,504,398	.369575	.369575	.369575
49	RESPIRATORY THERAPY	23,476,340	1,537,921	25,014,261	.208432	.208432	.209259
50	PHYSICAL THERAPY	4,229,320	2,298,428	6,527,748	.380022	.380022	.380022
51	OCCUPATIONAL THERAPY	3,122,655	110,156	3,232,811	.358531	.358531	.358531
52	SPEECH PATHOLOGY	868,287	39,495	907,782	.452958	.452958	.452958
53	ELECTROCARDIOLOGY	23,580,938	10,256,670	33,837,608	.101584	.101584	.101584
54	ELECTROENCEPHALOGRAPHY	1,156,440	1,289,661	2,446,101	.100151	.100151	.100151
55	MEDICAL SUPPLIES CHARGED	49,991,253	19,859,808	69,851,061	.314615	.314615	.314615
56	DRUGS CHARGED TO PATIENTS	47,714,842	9,026,918	56,741,760	.308813	.308813	.308813
57	RENAL DIALYSIS	10,980,395	202,242	11,182,637	.191377	.191377	.191377
59	SHOCK THERAPY	140,683	83,876	224,559	.716008	.716008	.716008
59 01	PAIN MANAGEMENT & OP CHEM	103,618	4,482,689	4,586,307	.270402	.270402	.270402
59 02	DIABETES CARE CENTER		53,778	53,778	6.056938	6.056938	6.056938
59 03	OP PSYCH	3,588	1,522,099	1,525,687	.543275	.543275	.543275
59 04	CARDIAC REHAB	131	314,009	314,140	1.164538	1.164538	1.164538
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	12,028,201	24,144,256	36,172,457	.294015	.294015	.294015
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	51,827	649,718	701,545	.995543	.995543	.995543
65	AMBULANCE SERVICES	64,605	15,227,368	15,291,973	.396652	.396652	.396652
101	SUBTOTAL	401,650,125	209,544,687	611,194,812			
102	LESS OBSERVATION BEDS						
103	TOTAL	401,650,125	209,544,687	611,194,812			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	15,478,199	2,016,606	13,461,593			15,478,199
38	RECOVERY ROOM	1,152,249	160,590	991,659			1,152,249
40	ANESTHESIOLOGY	487,139	39,491	447,648			487,139
41	RADIOLOGY-DIAGNOSTIC	12,082,087	1,888,161	10,193,926			12,082,087
41 01	C.T. SCAN	1,551,243	67,258	1,483,985			1,551,243
44	LABORATORY	12,952,356	879,021	12,073,335			12,952,356
44 01	G.I. LAB	1,580,047	94,782	1,485,265			1,580,047
44 02	VASCULAR LAB	629,692	64,273	565,419			629,692
44 03	LABORATORY-PATHOLOGY	654,552	107,764	546,788			654,552
47	BLOOD STORING, PROCESSING	4,251,742	111,619	4,140,123			4,251,742
49	RESPIRATORY THERAPY	5,213,761	300,159	4,913,602			5,213,761
50	PHYSICAL THERAPY	2,480,687	191,216	2,289,471			2,480,687
51	OCCUPATIONAL THERAPY	1,159,064	63,360	1,095,704			1,159,064
52	SPEECH PATHOLOGY	411,187	45,275	365,912			411,187
53	ELECTROCARDIOLOGY	3,437,376	702,162	2,735,214			3,437,376
54	ELECTROENCEPHALOGRAPHY	244,979	26,919	218,060			244,979
55	MEDICAL SUPPLIES CHARGED	21,976,180	1,858,971	20,117,209			21,976,180
56	DRUGS CHARGED TO PATIENTS	17,522,577	960,469	16,562,108			17,522,577
57	RENAL DIALYSIS	2,140,097	91,648	2,048,449			2,140,097
59	SHOCK THERAPY	160,786	7,092	153,694			160,786
59 01	PAIN MANAGEMENT & OP CHEM	1,240,147	65,946	1,174,201			1,240,147
59 02	DIABETES CARE CENTER	325,730	16,225	309,505			325,730
59 03	OP PSYCH	828,867	46,473	782,394			828,867
59 04	CARDIAC REHAB	365,828	43,680	322,148			365,828
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	10,635,240	811,015	9,824,225			10,635,240
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	698,418	49,312	649,106			698,418
65	AMBULANCE SERVICES	6,065,586	356,561	5,709,025			6,065,586
101	SUBTOTAL	125,725,816	11,066,048	114,659,768			125,725,816
102	LESS OBSERVATION BEDS	698,418	49,312	649,106			698,418
103	TOTAL	125,027,398	11,016,736	114,010,662			125,027,398

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	30,206,344	.512416	.512416
38	RECOVERY ROOM	4,173,935	.276058	.276058
40	ANESTHESIOLOGY	6,167,291	.078988	.078988
41	RADIOLOGY-DIAGNOSTIC	58,462,506	.206664	.206664
41 01	C.T. SCAN	32,890,803	.047163	.047163
44	LABORATORY	93,349,753	.138751	.138751
44 01	G.I. LAB	5,033,555	.313903	.313903
44 02	VASCULAR LAB	4,118,185	.152905	.152905
44 03	LABORATORY-PATHOLOGY	3,038,845	.215395	.215395
47	BLOOD STORING, PROCESSING	11,504,398	.369575	.369575
49	RESPIRATORY THERAPY	25,014,261	.208432	.208432
50	PHYSICAL THERAPY	6,527,748	.380022	.380022
51	OCCUPATIONAL THERAPY	3,232,811	.358531	.358531
52	SPEECH PATHOLOGY	907,782	.452958	.452958
53	ELECTROCARDIOLOGY	33,837,608	.101584	.101584
54	ELECTROENCEPHALOGRAPHY	2,446,101	.100151	.100151
55	MEDICAL SUPPLIES CHARGED	69,851,061	.314615	.314615
56	DRUGS CHARGED TO PATIENTS	56,741,760	.308813	.308813
57	RENAL DIALYSIS	11,182,637	.191377	.191377
59	SHOCK THERAPY	224,559	.716008	.716008
59 01	PAIN MANAGEMENT & OP CHEM	4,586,307	.270402	.270402
59 02	DIABETES CARE CENTER	53,778	6.056938	6.056938
59 03	OP PSYCH	1,525,687	.543275	.543275
59 04	CARDIAC REHAB	314,140	1.164538	1.164538
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	36,172,457	.294015	.294015
62	OBSERVATION BEDS (NON-DIS	701,545	.995543	.995543
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	15,291,973	.396652	.396652
101	SUBTOTAL	517,557,830		
102	LESS OBSERVATION BEDS	701,545		
103	TOTAL	516,856,285		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	15,478,199	2,016,606	13,461,593	201,661	780,772	14,495,766
38	RECOVERY ROOM	1,152,249	160,590	991,659	16,059	57,516	1,078,674
40	ANESTHESIOLOGY	487,139	39,491	447,648	3,949	25,964	457,226
41	RADIOLOGY-DIAGNOSTIC	12,082,087	1,888,161	10,193,926	188,816	591,248	11,302,023
41 01	C.T. SCAN	1,551,243	67,258	1,483,985	6,726	86,071	1,458,446
44	LABORATORY	12,952,356	879,021	12,073,335	87,902	700,253	12,164,201
44 01	G.I. LAB	1,580,047	94,782	1,485,265	9,478	86,145	1,484,424
44 02	VASCULAR LAB	629,692	64,273	565,419	6,427	32,794	590,471
44 03	LABORATORY-PATHOLOGY	654,552	107,764	546,788	10,776	31,714	612,062
47	BLOOD STORING, PROCESSING	4,251,742	111,619	4,140,123	11,162	240,127	4,000,453
49	RESPIRATORY THERAPY	5,213,761	300,159	4,913,602	30,016	284,989	4,898,756
50	PHYSICAL THERAPY	2,480,687	191,216	2,289,471	19,122	132,789	2,328,776
51	OCCUPATIONAL THERAPY	1,159,064	63,360	1,095,704	6,336	63,551	1,089,177
52	SPEECH PATHOLOGY	411,187	45,275	365,912	4,528	21,223	385,436
53	ELECTROCARDIOLOGY	3,437,376	702,162	2,735,214	70,216	158,642	3,208,518
54	ELECTROENCEPHALOGRAPHY	244,979	26,919	218,060	2,692	12,647	229,640
55	MEDICAL SUPPLIES CHARGED	21,976,180	1,858,971	20,117,209	185,897	1,166,798	20,623,485
56	DRUGS CHARGED TO PATIENTS	17,522,577	960,469	16,562,108	96,047	960,602	16,465,928
57	RENAL DIALYSIS	2,140,097	91,648	2,048,449	9,165	118,810	2,012,122
59	SHOCK THERAPY	160,786	7,092	153,694	709	8,914	151,163
59 01	PAIN MANAGEMENT & OP CHEM	1,240,147	65,946	1,174,201	6,595	68,104	1,165,448
59 02	DIABETES CARE CENTER	325,730	16,225	309,505	1,623	17,951	306,156
59 03	OP PSYCH	828,867	46,473	782,394	4,647	45,379	778,841
59 04	CARDIAC REHAB	365,828	43,680	322,148	4,368	18,685	342,775
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	10,635,240	811,015	9,824,225	81,102	569,805	9,984,333
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	698,418	49,312	649,106	4,931	37,648	655,839
65	AMBULANCE SERVICES	6,065,586	356,561	5,709,025	35,656	331,123	5,698,807
101	SUBTOTAL	125,725,816	11,066,048	114,659,768	1,106,606	6,650,264	117,968,946
102	LESS OBSERVATION BEDS	698,418	49,312	649,106	4,931	37,648	655,839
103	TOTAL	125,027,398	11,016,736	114,010,662	1,101,675	6,612,616	117,313,107

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	30,206,344	.479891	.505739
38	RECOVERY ROOM	4,173,935	.258431	.272211
40	ANESTHESIOLOGY	6,167,291	.074137	.078347
41	RADIOLOGY-DIAGNOSTIC	58,462,506	.193321	.203434
41 01	C.T. SCAN	32,890,803	.044342	.046959
44	LABORATORY	93,349,753	.130308	.137809
44 01	G.I. LAB	5,033,555	.294906	.312020
44 02	VASCULAR LAB	4,118,185	.143381	.151345
44 03	LABORATORY-PATHOLOGY	3,038,845	.201413	.211849
47	BLOOD STORING, PROCESSING	11,504,398	.347732	.368605
49	RESPIRATORY THERAPY	25,014,261	.195839	.207232
50	PHYSICAL THERAPY	6,527,748	.356750	.377093
51	OCCUPATIONAL THERAPY	3,232,811	.336913	.356571
52	SPEECH PATHOLOGY	907,782	.424591	.447970
53	ELECTROCARDIOLOGY	33,837,608	.094821	.099509
54	ELECTROENCEPHALOGRAPHY	2,446,101	.093880	.099050
55	MEDICAL SUPPLIES CHARGED	69,851,061	.295249	.311954
56	DRUGS CHARGED TO PATIENTS	56,741,760	.290191	.307120
57	RENAL DIALYSIS	11,182,637	.179933	.190557
59	SHOCK THERAPY	224,559	.673155	.712851
59 01	PAIN MANAGEMENT & OP CHEM	4,586,307	.254115	.268964
59 02	DIABETES CARE CENTER	53,778	5.692960	6.026758
59 03	OP PSYCH	1,525,687	.510485	.540229
59 04	CARDIAC REHAB	314,140	1.091154	1.150633
	OUTPUT SERVICE COST CNTRS			
61	EMERGENCY	36,172,457	.276020	.291773
62	OBSERVATION BEDS (NON-DIS	701,545	.934850	.988514
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	15,291,973	.372667	.394320
101	SUBTOTAL	517,557,830		
102	LESS OBSERVATION BEDS	701,545		
103	TOTAL	516,856,285		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	151,718		151,718	2,847,832		2,847,832
26	INTENSIVE CARE UNIT	17,825		17,825	527,514		527,514
27	CORONARY CARE UNIT	13,644		13,644	423,364		423,364
31	SUBPROVIDER	9,194		9,194	165,204		165,204
31 01	SUBPROVIDER 2	10,967		10,967	202,065		202,065
101	TOTAL	203,348		203,348	4,165,979		4,165,979

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	63,869	33,169	2.38	78,942	44.59	1,479,006
26	INTENSIVE CARE UNIT	5,876	2,875	3.03	8,711	89.77	258,089
27	CORONARY CARE UNIT	4,783	3,142	2.85	8,955	88.51	278,098
31	SUBPROVIDER	4,114	2,785	2.23	6,211	40.16	111,846
31 01	SUBPROVIDER 2	4,322	2,656	2.54	6,746	46.75	124,168
101	TOTAL	82,964	44,627		109,565		2,251,207

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 26-0180 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	65,852	1,950,754	30,206,344	9,979,793	.002180	21,756
38	RECOVERY ROOM	5,009	155,581	4,173,935	780,997	.001200	937
40	ANESTHESIOLOGY	1,056	38,435	6,167,291	1,317,538	.000171	225
41	RADIOLOGY-DIAGNOSTIC	176,209	1,711,952	58,462,506	11,696,278	.003014	35,253
41 01	C.T. SCAN	10,074	57,184	32,890,803	6,888,092	.000306	2,108
44	LABORATORY	54,497	824,524	93,349,753	28,947,272	.000584	16,905
44 01	G.I. LAB	5,312	89,470	5,033,555	899,671	.001055	949
44 02	VASCULAR LAB	1,651	62,622	4,118,185	1,756,385	.000401	704
44 03	LABORATORY-PATHOLOGY	1,437	106,327	3,038,845	825,162	.000473	390
47	BLOOD STORING, PROCESSING	5,308	106,311	11,504,398	3,646,979	.000461	1,681
49	RESPIRATORY THERAPY	8,502	291,657	25,014,261	12,771,603	.000340	4,342
50	PHYSICAL THERAPY	39,021	152,195	6,527,748	1,296,066	.005978	7,748
51	OCCUPATIONAL THERAPY	6,824	56,536	3,232,811	699,344	.002111	1,476
52	SPEECH PATHOLOGY	5,627	39,648	907,782	290,886	.006199	1,803
53	ELECTROCARDIOLOGY	12,810	689,352	33,837,608	10,747,660	.000379	4,073
54	ELECTROENCEPHALOGRAPHY	1,327	25,592	2,446,101	602,746	.000542	327
55	MEDICAL SUPPLIES CHARGED	25,485	1,833,486	69,851,061	26,237,742	.000365	9,577
56	DRUGS CHARGED TO PATIENTS	19,922	940,547	56,741,760	25,998,333	.000351	9,125
57	RENAL DIALYSIS	3,470	88,178	11,182,637	7,018,404	.000310	2,176
59	SHOCK THERAPY	175	6,917	224,559	22,191	.000779	17
59 01	PAIN MANAGEMENT & OP CHEM	4,802	61,144	4,586,307	48,596	.001047	51
59 02	DIABETES CARE CENTER	371	15,854	53,778		.006899	
59 03	OP PSYCH	818	45,655	1,525,687	1,180	.000536	1
59 04	CARDIAC REHAB	2,473	41,207	314,140		.007872	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	31,833	779,182	36,172,457	4,988,805	.000880	4,390
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,494	46,818	701,545	36,181	.003555	129
65	AMBULANCE SERVICES						
101	TOTAL	492,359	10,217,128	502,265,857	157,497,904		126,143

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 26-0180 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.064581	644,505
38	RECOVERY ROOM	.037274	29,111
40	ANESTHESIOLOGY	.006232	8,211
41	RADIOLOGY-DIAGNOSTIC	.029283	342,502
41 01	C.T. SCAN	.001739	11,978
44	LABORATORY	.008833	255,691
44 01	G.I. LAB	.017775	15,992
44 02	VASCULAR LAB	.015206	26,708
44 03	LABORATORY-PATHOLOGY	.034989	28,872
47	BLOOD STORING, PROCESSING	.009241	33,702
49	RESPIRATORY THERAPY	.011660	148,917
50	PHYSICAL THERAPY	.023315	30,218
51	OCCUPATIONAL THERAPY	.017488	12,230
52	SPEECH PATHOLOGY	.043676	12,705
53	ELECTROCARDIOLOGY	.020372	218,951
54	ELECTROENCEPHALOGRAPHY	.010462	6,306
55	MEDICAL SUPPLIES CHARGED	.026249	688,714
56	DRUGS CHARGED TO PATIENTS	.016576	430,948
57	RENAL DIALYSIS	.007885	55,340
59	SHOCK THERAPY	.030803	684
59 01	PAIN MANAGEMENT & OP. CHEM	.013332	648
59 02	DIABETES CARE CENTER	.294805	
59 03	OP PSYCH	.029924	35
59 04	CARDIAC REHAB	.131174	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.021541	107,464
62	OBSERVATION BEDS (NON-DIS)	.066736	2,415
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		3,112,847

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
I I TO 12/31/2008 I PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		20,377		20,377	63,869	.32
26	INTENSIVE CARE UNIT		1,884		1,884	5,876	.32
27	CORONARY CARE UNIT		1,533		1,533	4,783	.32
31	SUBPROVIDER		1,319		1,319	4,114	.32
31 01	SUBPROVIDER 2		1,385		1,385	4,322	.32
34	SKILLED NURSING FACILITY		1,310		1,310	4,087	.32
101	TOTAL		27,808		27,808	87,051	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	33,169	10,614
26	INTENSIVE CARE UNIT	2,875	920
27	CORONARY CARE UNIT	3,142	1,005
31	SUBPROVIDER	2,785	891
31 01	SUBPROVIDER 2	2,656	850
34	SKILLED NURSING FACILITY	2,861	916
101	TOTAL	47,488	15,196

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	C.T. SCAN						
44	LABORATORY						
44 01	G.I. LAB						
44 02	VASCULAR LAB						
44 03	LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59 01	PAIN MANAGEMENT & OP CHEM						
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH						
59 04	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS)				335		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL				335		

TITLE XVIII, PART A

HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			30,206,344			9,979,793	
38	RECOVERY ROOM			4,173,935			780,997	
40	ANESTHESIOLOGY			6,167,291			1,317,538	
41	RADIOLOGY-DIAGNOSTIC			58,462,506			11,696,278	
41 01	C.T. SCAN			32,890,803			6,888,092	
44	LABORATORY			93,349,753			28,947,272	
44 01	G.I. LAB			5,033,555			899,671	
44 02	VASCULAR LAB			4,118,185			1,756,385	
44 03	LABORATORY-PATHOLOGY			3,038,845			825,162	
47	BLOOD STORING, PROCESSING			11,504,398			3,646,979	
49	RESPIRATORY THERAPY			25,014,261			12,771,603	
50	PHYSICAL THERAPY			6,527,748			1,296,066	
51	OCCUPATIONAL THERAPY			3,232,811			699,344	
52	SPEECH PATHOLOGY			907,782			290,886	
53	ELECTROCARDIOLOGY			33,837,608			10,747,660	
54	ELECTROENCEPHALOGRAPHY			2,446,101			602,746	
55	MEDICAL SUPPLIES CHARGED			69,851,061			26,237,742	
56	DRUGS CHARGED TO PATIENTS			56,741,760			25,998,333	
57	RENAL DIALYSIS			11,182,637			7,018,404	
59	SHOCK THERAPY			224,559			22,191	
59 01	PAIN MANAGEMENT & OP CHEM			4,586,307			48,596	
59 02	DIABETES CARE CENTER			53,778				
59 03	OP PSYCH			1,525,687			1,180	
59 04	CARDIAC REHAB			314,140				
61	OUTPAT SERVICE COST CNTRS							
	EMERGENCY			36,172,457			4,988,805	
62	OBSERVATION BEDS (NON-DIS	335	335	701,545	.000478	.000478	36,181	17
65	OTHER REIMBURS COST CNTRS							
	AMBULANCE SERVICES							
101	TOTAL	335	335	502,265,857			157,497,904	17

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,975,197					
38	RECOVERY ROOM	721,593					
40	ANESTHESIOLOGY	812,582					
41	RADIOLOGY-DIAGNOSTIC	11,923,229					
41 01	C.T. SCAN	5,445,729					
44	LABORATORY	234,150					
44 01	G.I. LAB	705,124					
44 02	VASCULAR LAB	678,858					
44 03	LABORATORY-PATHOLOGY	496,137					
47	BLOOD STORING, PROCESSING	388,769					
49	RESPIRATORY THERAPY	655,452					
50	PHYSICAL THERAPY	2,356					
51	OCCUPATIONAL THERAPY	760					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,024,748					
54	ELECTROENCEPHALOGRAPHY	382,233					
55	MEDICAL SUPPLIES CHARGED	6,794,219					
56	DRUGS CHARGED TO PATIENTS	6,889,425					
57	RENAL DIALYSIS						
59	SHOCK THERAPY	24,245					
59 01	PAIN MANAGEMENT & OP CHEM	371,438					
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH	614,279					
59 04	CARDIAC REHAB	166,980					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,675,703					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	119,627				57	
65	AMBULANCE SERVICES						
101	TOTAL	50,102,833				57	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART V
 I 26-0180 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Outpatient	Outpatient	Other
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radialogy	Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.512416	.512416			
38 RECOVERY ROOM	.276058	.276058			
40 ANESTHESIOLOGY	.078988	.078988			
41 RADIOLOGY-DIAGNOSTIC	.206664	.206664			
41 01 C.T. SCAN	.047163	.047163			
44 LABORATORY	.138751	.138751			
44 01 G.I. LAB	.313903	.313903			
44 02 VASCULAR LAB	.152905	.152905			
44 03 LABORATORY-PATHOLOGY	.215395	.215395			
47 BLOOD STORING, PROCESSING & TRANS.	.369575	.369575			
49 RESPIRATORY THERAPY	.208432	.208432			
50 PHYSICAL THERAPY	.380022	.380022			
51 OCCUPATIONAL THERAPY	.358531	.358531			
52 SPEECH PATHOLOGY	.452958	.452958			
53 ELECTROCARDIOLOGY	.101584	.101584			
54 ELECTROENCEPHALOGRAPHY	.100151	.100151			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.314615	.314615			
56 DRUGS CHARGED TO PATIENTS	.308813	.308813			
57 RENAL DIALYSIS	.191377	.191377			
59 SHOCK THERAPY	.716008	.716008			
59 01 PAIN MANAGEMENT & OP CHEMO	.270402	.270402			
59 02 DIABETES CARE CENTER	6.056938	6.056938			
59 03 OP PSYCH	.543275	.543275			
59 04 CARDIAC REHAB	1.164538	1.164538			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.294015	.294015			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.995543	.995543			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.396652	.396652			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

		All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center	Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		5,975,197			
38	RECOVERY ROOM		721,593			
40	ANESTHESIOLOGY		812,582			
41	RADIOLOGY-DIAGNOSTIC		11,923,229			
41 01	C.T. SCAN		5,445,729			
44	LABORATORY		234,150	2,396		
44 01	G.I. LAB		705,124			
44 02	VASCULAR LAB		678,858			
44 03	LABORATORY-PATHOLOGY		496,137			
47	BLOOD STORING, PROCESSING & TRANS.		388,769			
49	RESPIRATORY THERAPY		655,452	2,338		
50	PHYSICAL THERAPY		2,356			
51	OCCUPATIONAL THERAPY		760			
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		3,024,748			
54	ELECTROENCEPHALOGRAPHY		382,233			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,794,219			
56	DRUGS CHARGED TO PATIENTS		6,889,425	2,066		
57	RENAL DIALYSIS					
59	SHOCK THERAPY		24,245			
59 01	PAIN MANAGEMENT & OP CHEMO		371,438			
59 02	DIABETES CARE CENTER					
59 03	OP PSYCH		614,279			
59 04	CARDIAC REHAB		166,980			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		3,675,703			
62	OBSERVATION BEDS (NON-DISTINCT PART)		119,627			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		50,102,833	6,800		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		50,102,833	6,800		

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				3,061,787	
38 RECOVERY ROOM				199,202	
40 ANESTHESIOLOGY				64,184	
41 RADIOLOGY-DIAGNOSTIC				2,464,102	
41 01 C.T. SCAN				256,837	
44 LABORATORY				32,489	332
44 01 G.I. LAB				221,341	
44 02 VASCULAR LAB				103,801	
44 03 LABORATORY-PATHOLOGY				106,865	
47 BLOOD STORING, PROCESSING & TRANS.				143,679	
49 RESPIRATORY THERAPY				136,617	487
50 PHYSICAL THERAPY				895	
51 OCCUPATIONAL THERAPY				272	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				307,266	
54 ELECTROENCEPHALOGRAPHY				38,281	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,137,563	
56 DRUGS CHARGED TO PATIENTS				2,127,544	638
57 RENAL DIALYSIS					
59 SHOCK THERAPY				17,360	
59 01 PAIN MANAGEMENT & OP CHEMO				100,438	
59 02 DIABETES CARE CENTER					
59 03 OP PSYCH				333,722	
59 04 CARDIAC REHAB				194,455	
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				1,080,712	
62 OBSERVATION BEDS (NON-DISTINCT PART)				119,094	
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				13,248,506	1,457
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				13,248,506	1,457

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 C.T. SCAN			
44 LABORATORY			
44 01 G.I. LAB			
44 02 VASCULAR LAB			
44 03 LABORATORY-PATHOLOGY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
59 SHOCK THERAPY			
59 01 PAIN MANAGEMENT & OP CHEMO			
59 02 DIABETES CARE CENTER			
59 03 OP PSYCH			
59 04 CARDIAC REHAB			
61 OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
62 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 26-T180 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	65,852	1,950,754	30,206,344	45,073	.002180	98
38	RECOVERY ROOM	5,009	155,581	4,173,935	2,955	.001200	4
40	ANESTHESIOLOGY	1,056	38,435	6,167,291	5,462	.000171	1
41	RADIOLOGY-DIAGNOSTIC	176,209	1,711,952	58,462,506	134,560	.003014	406
41 01	C.T. SCAN	10,074	57,184	32,890,803	64,207	.000306	20
44	LABORATORY	54,497	824,524	93,349,753	543,727	.000584	318
44 01	G.I. LAB	5,312	89,470	5,033,555	6,784	.001055	7
44 02	VASCULAR LAB	1,651	62,622	4,118,185	39,658	.000401	16
44 03	LABORATORY-PATHOLOGY	1,437	106,327	3,038,845	6,186	.000473	3
47	BLOOD STORING, PROCESSING	5,308	106,311	11,504,398	27,318	.000461	13
49	RESPIRATORY THERAPY	8,502	291,657	25,014,261	195,880	.000340	67
50	PHYSICAL THERAPY	39,021	152,195	6,527,748	994,956	.005978	5,948
51	OCCUPATIONAL THERAPY	6,824	56,536	3,232,811	1,016,778	.002111	2,146
52	SPEECH PATHOLOGY	5,627	39,648	907,782	219,583	.006199	1,361
53	ELECTROCARDIOLOGY	12,810	689,352	33,837,608	31,927	.000379	12
54	ELECTROENCEPHALOGRAPHY	1,327	25,592	2,446,101	16,454	.000542	9
55	MEDICAL SUPPLIES CHARGED	25,485	1,833,486	69,851,061	255,661	.000365	93
56	DRUGS CHARGED TO PATIENTS	19,922	940,547	56,741,760	645,327	.000351	227
57	RENAL DIALYSIS	3,470	88,178	11,182,637	374,545	.000310	116
59	SHOCK THERAPY	175	6,917	224,559		.000779	
59 01	PAIN MANAGEMENT & OP CHEM	4,802	61,144	4,586,307	3,902	.001047	4
59 02	DIABETES CARE CENTER	371	15,854	53,778		.006899	
59 03	OP PSYCH	818	45,655	1,525,687		.000536	
59 04	CARDIAC REHAB	2,473	41,207	314,140		.007872	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	31,833	779,182	36,172,457	6,535	.000880	6
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,494	46,818	701,545		.003555	
65	AMBULANCE SERVICES						
101	TOTAL	492,359	10,217,128	502,265,857	4,637,478		10,875

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 26-T180 I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.064581	2,911
38	RECOVERY ROOM	.037274	110
40	ANESTHESIOLOGY	.006232	34
41	RADIOLOGY-DIAGNOSTIC	.029283	3,940
41 01	C.T. SCAN	.001739	112
44	LABORATORY	.008833	4,803
44 01	G.I. LAB	.017775	121
44 02	VASCULAR LAB	.015206	603
44 03	LABORATORY-PATHOLOGY	.034989	216
47	BLOOD STORING, PROCESSING	.009241	252
49	RESPIRATORY THERAPY	.011660	2,284
50	PHYSICAL THERAPY	.023315	23,197
51	OCCUPATIONAL THERAPY	.017488	17,781
52	SPEECH PATHOLOGY	.043676	9,591
53	ELECTROCARDIOLOGY	.020372	650
54	ELECTROENCEPHALOGRAPHY	.010462	172
55	MEDICAL SUPPLIES CHARGED	.026249	6,711
56	DRUGS CHARGED TO PATIENTS	.016576	10,697
57	RENAL DIALYSIS	.007885	2,953
59	SHOCK THERAPY	.030803	
59 01	PAIN MANAGEMENT & OP CHEM	.013332	52
59 02	DIABETES CARE CENTER	.294805	
59 03	OP PSYCH	.029924	
59 04	CARDIAC REHAB	.131174	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.021541	141
62	OBSERVATION BEDS (NON-DIS	.066736	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		87,331

PPS

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			30,206,344			45,073	
38	RECOVERY ROOM			4,173,935			2,955	
40	ANESTHESIOLOGY			6,167,291			5,462	
41	RADIOLOGY-DIAGNOSTIC			58,462,506			134,560	
41 01	C.T. SCAN			32,890,803			64,207	
44	LABORATORY			93,349,753			543,727	
44 01	G.I. LAB			5,033,555			6,784	
44 02	VASCULAR LAB			4,118,185			39,658	
44 03	LABORATORY-PATHOLOGY			3,038,845			6,186	
47	BLOOD STORING, PROCESSING			11,504,398			27,318	
49	RESPIRATORY THERAPY			25,014,261			195,880	
50	PHYSICAL THERAPY			6,527,748			994,956	
51	OCCUPATIONAL THERAPY			3,232,811			1,016,778	
52	SPEECH PATHOLOGY			907,782			219,583	
53	ELECTROCARDIOLOGY			33,837,608			31,927	
54	ELECTROENCEPHALOGRAPHY			2,446,101			16,454	
55	MEDICAL SUPPLIES CHARGED			69,851,061			255,661	
56	DRUGS CHARGED TO PATIENTS			56,741,760			645,327	
57	RENAL DIALYSIS			11,182,637			374,545	
59	SHOCK THERAPY			224,559				
59 01	PAIN MANAGEMENT & OP CHEM			4,586,307			3,902	
59 02	DIABETES CARE CENTER			53,778				
59 03	OP PSYCH			1,525,687				
59 04	CARDIAC REHAB			314,140				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			36,172,457			6,535	
62	OBSERVATION BEDS (NON-DIS	335	335	701,545	.000478	.000478		
65	OTHER REIMBURS COST CNTRS							
	AMBULANCE SERVICES							
101	TOTAL	335	335	502,265,857			4,637,478	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	C.T. SCAN						
44	LABORATORY						
44 01	G.I. LAB						
44 02	VASCULAR LAB						
44 03	LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59 01	PAIN MANAGEMENT & OP CHEM						
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH						
59 04	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 26-S180 I I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	65,852	1,950,754	30,206,344	3,374	.002180	7
38	RECOVERY ROOM	5,009	155,581	4,173,935	394	.001200	
40	ANESTHESIOLOGY	1,056	38,435	6,167,291	84,126	.000171	14
41	RADIOLOGY-DIAGNOSTIC	176,209	1,711,952	58,462,506	98,092	.003014	296
41 01	C.T. SCAN	10,074	57,184	32,890,803	103,206	.000306	32
44	LABORATORY	54,497	824,524	93,349,753	402,556	.000584	235
44 01	G.I. LAB	5,312	89,470	5,033,555	11,863	.001055	13
44 02	VASCULAR LAB	1,651	62,622	4,118,185	16,048	.000401	6
44 03	LABORATORY-PATHOLOGY	1,437	106,327	3,038,845	1,372	.000473	1
47	BLOOD STORING, PROCESSING	5,308	106,311	11,504,398	759	.000461	
49	RESPIRATORY THERAPY	8,502	291,657	25,014,261	39,354	.000340	13
50	PHYSICAL THERAPY	39,021	152,195	6,527,748	34,218	.005978	205
51	OCCUPATIONAL THERAPY	6,824	56,536	3,232,811	21,944	.002111	46
52	SPEECH PATHOLOGY	5,627	39,648	907,782	3,302	.006199	20
53	ELECTROCARDIOLOGY	12,810	689,352	33,837,608	77,764	.000379	29
54	ELECTROENCEPHALOGRAPHY	1,327	25,592	2,446,101	13,468	.000542	7
55	MEDICAL SUPPLIES CHARGED	25,485	1,833,486	69,851,061	140,021	.000365	51
56	DRUGS CHARGED TO PATIENTS	19,922	940,547	56,741,760	370,698	.000351	130
57	RENAL DIALYSIS	3,470	88,178	11,182,637	25,980	.000310	8
59	SHOCK THERAPY	175	6,917	224,559	66,881	.000779	52
59 01	PAIN MANAGEMENT & OP CHEM	4,802	61,144	4,586,307	671	.001047	1
59 02	DIABETES CARE CENTER	371	15,854	53,778		.006899	
59 03	OP PSYCH	818	45,655	1,525,687		.000536	
59 04	CARDIAC REHAB	2,473	41,207	314,140		.007872	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	31,833	779,182	36,172,457	146,694	.000880	129
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,494	46,818	701,545		.003555	
65	AMBULANCE SERVICES						
101	TOTAL	492,359	10,217,128	502,265,857	1,662,785		1,295

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 26-S180 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.064581	218
38	RECOVERY ROOM	.037274	15
40	ANESTHESIOLOGY	.006232	524
41	RADIOLOGY-DIAGNOSTIC	.029283	2,872
41 01	C.T. SCAN	.001739	179
44	LABORATORY	.008833	3,556
44 01	G.I. LAB	.017775	211
44 02	VASCULAR LAB	.015206	244
44 03	LABORATORY-PATHOLOGY	.034989	48
47	BLOOD STORING, PROCESSING	.009241	7
49	RESPIRATORY THERAPY	.011660	459
50	PHYSICAL THERAPY	.023315	798
51	OCCUPATIONAL THERAPY	.017488	384
52	SPEECH PATHOLOGY	.043676	144
53	ELECTROCARDIOLOGY	.020372	1,584
54	ELECTROENCEPHALOGRAPHY	.010462	141
55	MEDICAL SUPPLIES CHARGED	.026249	3,675
56	DRUGS CHARGED TO PATIENTS	.016576	6,145
57	RENAL DIALYSIS	.007885	205
59	SHOCK THERAPY	.030803	2,060
59 01	PAIN MANAGEMENT & OP CHEM	.013332	9
59 02	DIABETES CARE CENTER	.294805	
59 03	OP PSYCH	.029924	
59 04	CARDIAC REHAB	.131174	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.021541	3,160
62	OBSERVATION BEDS (NON-DIS	.066736	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		26,638

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			30,206,344			3,374	
38	RECOVERY ROOM			4,173,935			394	
40	ANESTHESIOLOGY			6,167,291			84,126	
41	RADIOLOGY-DIAGNOSTIC			58,462,506			98,092	
41 01	C.T. SCAN			32,890,803			103,206	
44	LABORATORY			93,349,753			402,556	
44 01	G.I. LAB			5,033,555			11,863	
44 02	VASCULAR LAB			4,118,185			16,048	
44 03	LABORATORY-PATHOLOGY			3,038,845			1,372	
47	BLOOD STORING, PROCESSING			11,504,398			759	
49	RESPIRATORY THERAPY			25,014,261			39,354	
50	PHYSICAL THERAPY			6,527,748			34,218	
51	OCCUPATIONAL THERAPY			3,232,811			21,944	
52	SPEECH PATHOLOGY			907,782			3,302	
53	ELECTROCARDIOLOGY			33,837,608			77,764	
54	ELECTROENCEPHALOGRAPHY			2,446,101			13,468	
55	MEDICAL SUPPLIES CHARGED			69,851,061			140,021	
56	DRUGS CHARGED TO PATIENTS			56,741,760			370,698	
57	RENAL DIALYSIS			11,182,637			25,980	
59	SHOCK THERAPY			224,559			66,881	
59 01	PAIN MANAGEMENT & OP CHEM			4,586,307			671	
59 02	DIABETES CARE CENTER			53,778				
59 03	OP PSYCH			1,525,687				
59 04	CARDIAC REHAB			314,140				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			36,172,457			146,694	
62	OBSERVATION BEDS (NON-DIS	335	335	701,545	.000478	.000478		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	335	335	502,265,857			1,662,785	

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	C.T. SCAN						
44	LABORATORY						
44 01	G.I. LAB						
44 02	VASCULAR LAB						
44 03	LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59 01	PAIN MANAGEMENT & OP CHEM						
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH						
59 04	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 26-5291 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL CST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	C.T. SCAN						
44	LABORATORY						
44 01	G.I. LAB						
44 02	VASCULAR LAB						
44 03	LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59 01	PAIN MANAGEMENT & OP CHEM						
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH						
59 04	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 26-5291 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
38	RECOVERY ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	C.T. SCAN		
44	LABORATORY		
44 01	G.I. LAB		
44 02	VASCULAR LAB		
44 03	LABORATORY-PATHOLOGY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	SHOCK THERAPY		
59 01	PAIN MANAGEMENT & OP CHEM		
59 02	DIABETES CARE CENTER		
59 03	OP PSYCH		
59 04	CARDIAC REHAB		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	C.T. SCAN						
44	LABORATORY						
44 01	G.I. LAB						
44 02	VASCULAR LAB						
44 03	LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59 01	PAIN MANAGEMENT & OP CHEM						
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH						
59 04	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			30,206,344			17,233	
38	RECOVERY ROOM			4,173,935				
40	ANESTHESIOLOGY			6,167,291			4,905	
41	RADIOLOGY-DIAGNOSTIC			58,462,506			100,914	
41 01	C.T. SCAN			32,890,803			15,276	
44	LABORATORY			93,349,753			522,312	
44 01	G.I. LAB			5,033,555			9,142	
44 02	VASCULAR LAB			4,118,185			35,931	
44 03	LABORATORY-PATHOLOGY			3,038,845			21,618	
47	BLOOD STORING, PROCESSING			11,504,398			36,377	
49	RESPIRATORY THERAPY			25,014,261			295,525	
50	PHYSICAL THERAPY			6,527,748			432,364	
51	OCCUPATIONAL THERAPY			3,232,811			353,308	
52	SPEECH PATHOLOGY			907,782			35,051	
53	ELECTROCARDIOLOGY			33,837,608			16,188	
54	ELECTROENCEPHALOGRAPHY			2,446,101			7,612	
55	MEDICAL SUPPLIES CHARGED			69,851,061			256,720	
56	DRUGS CHARGED TO PATIENTS			56,741,760			889,645	
57	RENAL DIALYSIS			11,182,637				
59	SHOCK THERAPY			224,559			1,492	
59 01	PAIN MANAGEMENT & OP CHEM			4,586,307			5,673	
59 02	DIABETES CARE CENTER			53,778				
59 03	OP PSYCH			1,525,687				
59 04	CARDIAC REHAB			314,140				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			36,172,457				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			701,545				
65	AMBULANCE SERVICES							
101	TOTAL			502,265,857			3,057,286	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	C.T. SCAN						
44	LABORATORY						
44 01	G.I. LAB						
44 02	VASCULAR LAB						
44 03	LABORATORY-PATHOLOGY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SHOCK THERAPY						
59 01	PAIN MANAGEMENT & OP CHEM						
59 02	DIABETES CARE CENTER						
59 03	OP PSYCH						
59 04	CARDIAC REHAB						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	151,718		151,718	2,847,832		2,847,832
26	INTENSIVE CARE UNIT	17,825		17,825	527,514		527,514
27	CORONARY CARE UNIT	13,644		13,644	423,364		423,364
31	SUBPROVIDER	9,194		9,194	165,204		165,204
31 01	SUBPROVIDER 2	10,967		10,967	202,065		202,065
101	TOTAL	203,348		203,348	4,165,979		4,165,979

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	63,869	9,304	2.38	22,144	44.59	414,865
26	INTENSIVE CARE UNIT	5,876	762	3.03	2,309	89.77	68,405
27	CORONARY CARE UNIT	4,783	578	2.85	1,647	88.51	51,159
31	SUBPROVIDER	4,114	134	2.23	299	40.16	5,381
31	01 SUBPROVIDER 2	4,322	565	2.54	1,435	46.75	26,414
101	TOTAL	82,964	11,343		27,834		566,224

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 26-0180 I I

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	65,852	1,950,754	30,206,344	987,239	.002180	2,152
38	RECOVERY ROOM	5,009	155,581	4,173,935	129,054	.001200	155
40	ANESTHESIOLOGY	1,056	38,435	6,167,291	230,204	.000171	39
41	RADIOLOGY-DIAGNOSTIC	176,209	1,711,952	58,462,506	3,016,831	.003014	9,093
41 01	C.T. SCAN	10,074	57,184	32,890,803	1,692,852	.000306	518
44	LABORATORY	54,497	824,524	93,349,753	5,861,677	.000584	3,423
44 01	G.I. LAB	5,312	89,470	5,033,555	205,327	.001055	217
44 02	VASCULAR LAB	1,651	62,622	4,118,185	259,211	.000401	104
44 03	LABORATORY-PATHOLOGY	1,437	106,327	3,038,845	129,232	.000473	61
47	BLOOD STORING, PROCESSING	5,308	106,311	11,504,398	1,269,110	.000461	585
49	RESPIRATORY THERAPY	8,502	291,657	25,014,261	2,612,797	.000340	888
50	PHYSICAL THERAPY	39,021	152,195	6,527,748	204,358	.005978	1,222
51	OCCUPATIONAL THERAPY	6,824	56,536	3,232,811	136,814	.002111	289
52	SPEECH PATHOLOGY	5,627	39,648	907,782	61,734	.006199	383
53	ELECTROCARDIOLOGY	12,810	689,352	33,837,608	2,264,303	.000379	858
54	ELECTROENCEPHALOGRAPHY	1,327	25,592	2,446,101	136,964	.000542	74
55	MEDICAL SUPPLIES CHARGED	25,485	1,833,486	69,851,061	1,084,808	.000365	396
56	DRUGS CHARGED TO PATIENTS	19,922	940,547	56,741,760	5,825,901	.000351	2,045
57	RENAL DIALYSIS	3,470	88,178	11,182,637	1,362,290	.000310	422
59	SHOCK THERAPY	175	6,917	224,559	12,668	.000779	10
59 01	PAIN MANAGEMENT & OP CHEM	4,802	61,144	4,586,307		.001047	
59 02	DIABETES CARE CENTER	371	15,854	53,778		.006899	
59 03	OP PSYCH	818	45,655	1,525,687		.000536	
59 04	CARDIAC REHAB	2,473	41,207	314,140		.007872	
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY	31,833	779,182	36,172,457	1,925,003	.000880	1,694
62	OBSERVATION BEDS (NON-DIS	2,494	46,818	701,545		.003555	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	492,359	10,217,128	502,265,857	29,408,377		24,628

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
I	26-0180	I	FROM 1/ 1/2008	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART II	
I	26-0180	I		I		

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.064581	63,757
38	RECOVERY ROOM	.037274	4,810
40	ANESTHESIOLOGY	.006232	1,435
41	RADIOLOGY-DIAGNOSTIC	.029283	88,342
41 01	C.T. SCAN	.001739	2,944
44	LABORATORY	.008833	51,776
44 01	G.I. LAB	.017775	3,650
44 02	VASCULAR LAB	.015206	3,942
44 03	LABORATORY-PATHOLOGY	.034989	4,522
47	BLOOD STORING, PROCESSING	.009241	11,728
49	RESPIRATORY THERAPY	.011660	30,465
50	PHYSICAL THERAPY	.023315	4,765
51	OCCUPATIONAL THERAPY	.017488	2,393
52	SPEECH PATHOLOGY	.043676	2,696
53	ELECTROCARDIOLOGY	.020372	46,128
54	ELECTROENCEPHALOGRAPHY	.010462	1,433
55	MEDICAL SUPPLIES CHARGED	.026249	28,475
56	DRUGS CHARGED TO PATIENTS	.016576	96,570
57	RENAL DIALYSIS	.007885	10,742
59	SHOCK THERAPY	.030803	390
59 01	PAIN MANAGEMENT & OP CHEM	.013332	
59 02	DIABETES CARE CENTER	.294805	
59 03	OP PSYCH	.029924	
59 04	CARDIAC REHAB	.131174	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.021541	41,466
62	OBSERVATION BEDS (NON-DIS	.066736	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		502,429

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS		20,377		20,377	63,869	.32
26	INTENSIVE CARE UNIT		1,884		1,884	5,876	.32
27	CORONARY CARE UNIT		1,533		1,533	4,783	.32
31	SUBPROVIDER		1,319		1,319	4,114	.32
31 01	SUBPROVIDER 2		1,385		1,385	4,322	.32
34	SKILLED NURSING FACILITY		1,310		1,310	4,087	.32
101	TOTAL		27,808		27,808	87,051	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D
 I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU	PROGRAM COST
		7	8	
25	ADULTS & PEDIATRICS	9,304		2,977
26	INTENSIVE CARE UNIT	762		244
27	CORONARY CARE UNIT	578		185
31	SUBPROVIDER	134		43
31 01	SUBPROVIDER 2	565		181
34	SKILLED NURSING FACILITY	44		14
101	TOTAL	11,387		3,644

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2		2.01	2.02	2.03
37	OPERATING ROOM							
38	RECOVERY ROOM							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
41 01	C.T. SCAN							
44	LABORATORY							
44 01	G.I. LAB							
44 02	VASCULAR LAB							
44 03	LABORATORY-PATHOLOGY							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
59	SHOCK THERAPY							
59 01	PAIN MANAGEMENT & OP CHEM							
59 02	DIABETES CARE CENTER							
59 03	OP PSYCH							
59 04	CARDIAC REHAB							
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							

335

335

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			30,206,344			987,239	
38	RECOVERY ROOM			4,173,935			129,054	
40	ANESTHESIOLOGY			6,167,291			230,204	
41	RADIOLOGY-DIAGNOSTIC			58,462,506			3,016,831	
41 01	C.T. SCAN			32,890,803			1,692,852	
44	LABORATORY			93,349,753			5,861,677	
44 01	G.I. LAB			5,033,555			205,327	
44 02	VASCULAR LAB			4,118,185			259,211	
44 03	LABORATORY-PATHOLOGY			3,038,845			129,232	
47	BLOOD STORING, PROCESSING			11,504,398			1,269,110	
49	RESPIRATORY THERAPY			25,014,261			2,612,797	
50	PHYSICAL THERAPY			6,527,748			204,358	
51	OCCUPATIONAL THERAPY			3,232,811			136,814	
52	SPEECH PATHOLOGY			907,782			61,734	
53	ELECTROCARDIOLOGY			33,837,608			2,264,303	
54	ELECTROENCEPHALOGRAPHY			2,446,101			136,964	
55	MEDICAL SUPPLIES CHARGED			69,851,061			1,084,808	
56	DRUGS CHARGED TO PATIENTS			56,741,760			5,825,901	
57	RENAL DIALYSIS			11,182,637			1,362,290	
59	SHOCK THERAPY			224,559			12,668	
59 01	PAIN MANAGEMENT & OP CHEM			4,586,307				
59 02	DIABETES CARE CENTER			53,778				
59 03	OP PSYCH			1,525,687				
59 04	CARDIAC REHAB			314,140				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			36,172,457			1,925,003	
62	OBSERVATION BEDS (NON-DIS	335	335	701,545	.000478	.000478		
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	335	335	502,265,857			29,408,377	

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	714,261					
38	RECOVERY ROOM	86,470					
40	ANESTHESIOLOGY	98,627					
41	RADIOLOGY-DIAGNOSTIC	1,910,534					
41 01	C.T. SCAN	1,254,144					
44	LABORATORY						
44 01	G.I. LAB	102,132					
44 02	VASCULAR LAB	93,518					
44 03	LABORATORY-PATHOLOGY	54,665					
47	BLOOD STORING, PROCESSING	74,112					
49	RESPIRATORY THERAPY	83,366					
50	PHYSICAL THERAPY	144,190					
51	OCCUPATIONAL THERAPY	11,304					
52	SPEECH PATHOLOGY	3,115					
53	ELECTROCARDIOLOGY	1,128,518					
54	ELECTROENCEPHALOGRAPHY	40,763					
55	MEDICAL SUPPLIES CHARGED	12,281					
56	DRUGS CHARGED TO PATIENTS	1,156,719					
57	RENAL DIALYSIS						
59	SHOCK THERAPY	1,119					
59 01	PAIN MANAGEMENT & OP CHEM	54,972					
59 02	DIABETES CARE CENTER	546					
59 03	OP PSYCH						
59 04	CARDIAC REHAB	22,026					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,497,742					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	9,545,124					

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.479891				714,261
38 RECOVERY ROOM	.258431				86,470
40 ANESTHESIOLOGY	.074137				98,627
41 RADIOLOGY-DIAGNOSTIC	.193321				1,910,534
41 01 C.T. SCAN	.044342				1,254,144
44 LABORATORY	.130308				
44 01 G.I. LAB	.294906				102,132
44 02 VASCULAR LAB	.143381				93,518
44 03 LABORATORY-PATHOLOGY	.201413				54,665
47 BLOOD STORING, PROCESSING & TRANS.	.347732				74,112
49 RESPIRATORY THERAPY	.195839				83,366
50 PHYSICAL THERAPY	.356750				144,190
51 OCCUPATIONAL THERAPY	.336913				11,304
52 SPEECH PATHOLOGY	.424591				3,115
53 ELECTROCARDIOLOGY	.094821				1,128,518
54 ELECTROENCEPHALOGRAPHY	.093880				40,763
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.295249				12,281
56 DRUGS CHARGED TO PATIENTS	.290191				1,156,719
57 RENAL DIALYSIS	.179933				
59 SHOCK THERAPY	.673155				1,119
59 01 PAIN MANAGEMENT & OP CHEMO	.254115				54,972
59 02 DIABETES CARE CENTER	5.692960				546
59 03 OP PSYCH	.510485				
59 04 CARDIAC REHAB	1.091154				22,026
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.276020				2,497,742
62 OBSERVATION BEDS (NON-DISTINCT PART)	.934850				
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.372667				
101 SUBTOTAL					9,545,124
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					9,545,124

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XIX - O/P		HOSPITAL				
		PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy
	Cost Center Description	5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	C.T. SCAN					
44	LABORATORY					
44 01	G.I. LAB					
44 02	VASCULAR LAB					
44 03	LABORATORY-PATHOLOGY					
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	SHOCK THERAPY					
59 01	PAIN MANAGEMENT & OP CHEMO					
59 02	DIABETES CARE CENTER					
59 03	OP PSYCH					
59 04	CARDIAC REHAB					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
I	26-0180	I	FROM 1/ 1/2008	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART V	
I	26-0180	I		I		

TITLE XIX - O/P

HOSPITAL

	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		342,767			
38 RECOVERY ROOM		22,347			
40 ANESTHESIOLOGY		7,312			
41 RADIOLOGY-DIAGNOSTIC		369,346			
41 01 C.T. SCAN		55,611			
44 LABORATORY					
44 01 G.I. LAB		30,119			
44 02 VASCULAR LAB		13,409			
44 03 LABORATORY-PATHOLOGY		11,010			
47 BLOOD STORING, PROCESSING & TRANS.		25,771			
49 RESPIRATORY THERAPY		16,326			
50 PHYSICAL THERAPY		51,440			
51 OCCUPATIONAL THERAPY		3,808			
52 SPEECH PATHOLOGY		1,323			
53 ELECTROCARDIOLOGY		107,007			
54 ELECTROENCEPHALOGRAPHY		3,827			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,626			
56 DRUGS CHARGED TO PATIENTS		335,669			
57 RENAL DIALYSIS					
59 SHOCK THERAPY		753			
59 01 PAIN MANAGEMENT & OP CHEMO		13,969			
59 02 DIABETES CARE CENTER		3,108			
59 03 OP PSYCH					
59 04 CARDIAC REHAB		24,034			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		689,427			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		2,132,009			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES		2,132,009			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
I	26-0180	I	FROM 1/ 1/2008	I	WORKSHEET	D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART	I
I	26-0180	I		I		

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	63,869
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	63,869
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	63,869
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	33,169
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	42,483,223
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	42,483,223

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	65,791,495
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	65,791,495
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.645725
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,030.10
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	42,483,223

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 26-0180 I I

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 665.16
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 22,062,692
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 22,062,692

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	8,278,075	5,876	1,408.79	2,875	4,050,271
44 CORONARY CARE UNIT	5,662,228	4,783	1,183.82	3,142	3,719,562
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					38,143,838
49 TOTAL PROGRAM INPATIENT COSTS					67,976,363

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 2,124,340
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST 5,363,347
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 62,613,016

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I 26-0180 I I

TITLE XVIII PART A

HOSPITAL

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 68 PROGRAM ROUTINE SERVICE COST
- 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
- 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
- 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
- 72 PER DIEM CAPITAL-RELATED COSTS
- 73 PROGRAM CAPITAL-RELATED COSTS
- 74 INPATIENT ROUTINE SERVICE COST
- 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
- 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
- 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
- 78 INPATIENT ROUTINE SERVICE COST LIMITATION
- 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
- 80 PROGRAM INPATIENT ANCILLARY SERVICES
- 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
- 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 1,050
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 665.16
- 85 OBSERVATION BED COST 698,418

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	151,718	42,483,223	.003571	698,418	2,494
87 NEW CAPITAL-RELATED COST	2,847,832	42,483,223	.067034	698,418	46,818
88 NON PHYSICIAN ANESTHETIST		42,483,223		698,418	
89 MEDICAL EDUCATION	20,377	42,483,223	.000480	698,418	335
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2009
I	26-0180	I	FROM 1/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	26-T180	I		I	

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,114
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,114
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,114
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,785
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,258,774
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,258,774

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,813,976
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,813,976
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.802698
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	684.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,258,774

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART II
 I 26-T180 I I

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 549.05
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,529,104
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,529,104

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
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42 NURSERY (TITLE V & XIX ONLY)
 INTENSIVE CARE TYPE INPATIENT
 HOSPITAL UNITS
 43 INTENSIVE CARE UNIT
 44 CORONARY CARE UNIT
 45 BURN INTENSIVE CARE UNIT
 46 SURGICAL INTENSIVE CARE UNIT
 47 OTHER SPECIAL CARE
 48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1,392,729
 49 TOTAL PROGRAM INPATIENT COSTS 2,921,833

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 118,948
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 98,206
 52 TOTAL PROGRAM EXCLUDABLE COST 217,154
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,704,679

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER I PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
 68 PROGRAM ROUTINE SERVICE COST
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
 72 PER DIEM CAPITAL-RELATED COSTS
 73 PROGRAM CAPITAL-RELATED COSTS
 74 INPATIENT ROUTINE SERVICE COST
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
 78 INPATIENT ROUTINE SERVICE COST LIMITATION
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
 80 PROGRAM INPATIENT ANCILLARY SERVICES
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 549.05
 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	9,194	2,258,774	.004070		
87 NEW CAPITAL-RELATED COST	165,204	2,258,774	.073139		
88 NON PHYSICIAN ANESTHETIST		2,258,774			
89 MEDICAL EDUCATION	1,319	2,258,774	.000584		
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2009
I	26-0180	I	FROM 1/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	26-S180	I		I	

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,322
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,322
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	4,322
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,656
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,101,870
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,101,870

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,302,008
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,302,008
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.939389
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	764.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,101,870

TITLE XVIII PART A SUBPROVIDER II PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 717.69
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,906,185
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,906,185

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					391,043
49 TOTAL PROGRAM INPATIENT COSTS					2,297,228

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 131,764
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 27,933
 52 TOTAL PROGRAM EXCLUDABLE COST 159,697
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,137,531

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I 26-S180 I

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 68 PROGRAM ROUTINE SERVICE COST
- 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
- 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
- 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS
- 72 PER DIEM CAPITAL-RELATED COSTS
- 73 PROGRAM CAPITAL-RELATED COSTS
- 74 INPATIENT ROUTINE SERVICE COST
- 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
- 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION
- 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
- 78 INPATIENT ROUTINE SERVICE COST LIMITATION
- 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
- 80 PROGRAM INPATIENT ANCILLARY SERVICES
- 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION
- 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 717.69
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST	10,967	3,101,870	.003536		
87 NEW CAPITAL-RELATED COST	202,065	3,101,870	.065143		
88 NON PHYSICIAN ANESTHETIST		3,101,870			
89 MEDICAL EDUCATION	1,385	3,101,870	.000447		
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,087
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,087
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	4,087
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,861
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,456,277
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,456,277

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,348,697
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,348,697
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.821222
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	330.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,456,277

TITLE XVIII PART A SNF PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1 2,456,277
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	601.00
68	PROGRAM ROUTINE SERVICE COST	1,719,461
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,719,461
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	237,488
72	PER DIEM CAPITAL-RELATED COSTS	58.11
73	PROGRAM CAPITAL-RELATED COSTS	166,253
74	INPATIENT ROUTINE SERVICE COST	1,553,208
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,553,208
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,719,461
80	PROGRAM INPATIENT ANCILLARY SERVICES	858,691
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,578,152

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	63,869
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	63,869
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	63,869
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,304
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	42,483,223
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	42,483,223

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	65,791,495
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	65,791,495
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.645725
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,030.10
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	42,483,223

TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 665.16
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,188,649
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,188,649

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	8,278,075	5,876	1,408.79	762	1,073,498
44 CORONARY CARE UNIT	5,662,228	4,783	1,183.82	578	684,248
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1
 49 TOTAL PROGRAM INPATIENT COSTS 6,600,814
 14,547,209

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 563,935
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 527,057
 52 TOTAL PROGRAM EXCLUDABLE COST 1,090,992
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 13,456,217

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,050
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	665.16
85	OBSERVATION BED COST	698,418

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST	
	1	2	3	4	5	
86	OLD CAPITAL-RELATED COST	151,718	42,483,223	.003571	698,418	2,494
87	NEW CAPITAL-RELATED COST	2,847,832	42,483,223	.067034	698,418	46,818
88	NON PHYSICIAN ANESTHETIST		42,483,223		698,418	
89	MEDICAL EDUCATION	20,377	42,483,223	.000480	698,418	335
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,087
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,087
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,087
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	44
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,348,697
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,348,697
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	330.00
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P SNF PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	237,488
72	PER DIEM CAPITAL-RELATED COSTS	58.11
73	PROGRAM CAPITAL-RELATED COSTS	2,557
74	INPATIENT ROUTINE SERVICE COST	-2,557
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-2,557
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 26-0180 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		35,505,228	
26	INTENSIVE CARE UNIT		5,663,331	
27	CORONARY CARE UNIT		6,254,848	
31	SUBPROVIDER			
31 01	SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.513382	9,979,793	5,123,446
38	RECOVERY ROOM	.276058	780,997	215,600
40	ANESTHESIOLOGY	.081650	1,317,538	107,577
41	RADIOLOGY-DIAGNOSTIC	.206752	11,696,278	2,418,229
41 01	C.T. SCAN	.047163	6,888,092	324,863
44	LABORATORY	.138751	28,947,272	4,016,463
44 01	G.I. LAB	.314472	899,671	282,921
44 02	VASCULAR LAB	.153934	1,756,385	270,367
44 03	LABORATORY-PATHOLOGY	.215395	825,162	177,736
47	BLOOD STORING, PROCESSING & TRANS.	.369575	3,646,979	1,347,832
49	RESPIRATORY THERAPY	.209259	12,771,603	2,672,573
50	PHYSICAL THERAPY	.380022	1,296,066	492,534
51	OCCUPATIONAL THERAPY	.358531	699,344	250,737
52	SPEECH PATHOLOGY	.452958	290,886	131,759
53	ELECTROCARDIOLOGY	.101584	10,747,660	1,091,790
54	ELECTROENCEPHALOGRAPHY	.100151	602,746	60,366
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.314615	26,237,742	8,254,787
56	DRUGS CHARGED TO PATIENTS	.308813	25,998,333	8,028,623
57	RENAL DIALYSIS	.191377	7,018,404	1,343,161
59	SHOCK THERAPY	.716008	22,191	15,889
59 01	PAIN MANAGEMENT & OP CHEMO	.270402	48,596	13,140
59 02	DIABETES CARE CENTER	6.056938		
59 03	OP PSYCH	.543275	1,180	641
59 04	CARDIAC REHAB	1.164538		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.294015	4,988,805	1,466,784
62	OBSERVATION BEDS (NON-DISTINCT PART)	.995543	36,181	36,020
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		157,497,904	38,143,838
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		157,497,904	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 26-T180 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		1,903,224	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.513382	45,073	23,140
38	RECOVERY ROOM	.276058	2,955	816
40	ANESTHESIOLOGY	.081650	5,462	446
41	RADIOLOGY-DIAGNOSTIC	.206752	134,560	27,821
41	01 C.T. SCAN	.047163	64,207	3,028
44	LABORATORY	.138751	543,727	75,443
44	01 G.I. LAB	.314472	6,784	2,133
44	02 VASCULAR LAB	.153934	39,658	6,105
44	03 LABORATORY-PATHOLOGY	.215395	6,186	1,332
47	BLOOD STORING, PROCESSING & TRANS.	.369575	27,318	10,096
49	RESPIRATORY THERAPY	.209259	195,880	40,990
50	PHYSICAL THERAPY	.380022	994,956	378,105
51	OCCUPATIONAL THERAPY	.358531	1,016,778	364,546
52	SPEECH PATHOLOGY	.452958	219,583	99,462
53	ELECTROCARDIOLOGY	.101584	31,927	3,243
54	ELECTROENCEPHALOGRAPHY	.100151	16,454	1,648
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.314615	255,661	80,435
56	DRUGS CHARGED TO PATIENTS	.308813	645,327	199,285
57	RENAL DIALYSIS	.191377	374,545	71,679
59	SHOCK THERAPY	.716008		
59	01 PAIN MANAGEMENT & OP CHEMO	.270402	3,902	1,055
59	02 DIABETES CARE CENTER	6.056938		
59	03 OP PSYCH	.543275		
59	04 CARDIAC REHAB	1.164538		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.294015	6,535	1,921
62	OBSERVATION BEDS (NON-DISTINCT PART)	.995543		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		4,637,478	1,392,729
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,637,478	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 26-S180 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		2,027,300	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.513382	3,374	1,732
38	RECOVERY ROOM	.276058	394	109
40	ANESTHESIOLOGY	.081650	84,126	6,869
41	RADIOLOGY-DIAGNOSTIC	.206752	98,092	20,281
41	01 C.T. SCAN	.047163	103,206	4,868
44	LABORATORY	.138751	402,556	55,855
44	01 G.I. LAB	.314472	11,863	3,731
44	02 VASCULAR LAB	.153934	16,048	2,470
44	03 LABORATORY-PATHOLOGY	.215395	1,372	296
47	BLOOD STORING, PROCESSING & TRANS.	.369575	759	281
49	RESPIRATORY THERAPY	.209259	39,354	8,235
50	PHYSICAL THERAPY	.380022	34,218	13,004
51	OCCUPATIONAL THERAPY	.358531	21,944	7,868
52	SPEECH PATHOLOGY	.452958	3,302	1,496
53	ELECTROCARDIOLOGY	.101584	77,764	7,900
54	ELECTROENCEPHALOGRAPHY	.100151	13,468	1,349
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.314615	140,021	44,053
56	DRUGS CHARGED TO PATIENTS	.308813	370,698	114,476
57	RENAL DIALYSIS	.191377	25,980	4,972
59	SHOCK THERAPY	.716008	66,881	47,887
59	01 PAIN MANAGEMENT & OP CHEMO	.270402	671	181
59	02 DIABETES CARE CENTER	6.056938		
59	03 OP PSYCH	.543275		
59	04 CARDIAC REHAB	1.164538		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.294015	146,694	43,130
62	OBSERVATION BEDS (NON-DISTINCT PART)	.995543		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,662,785	391,043
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,662,785	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 26-5291 I I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.512416	17,233	8,830
38	RECOVERY ROOM	.276058		
40	ANESTHESIOLOGY	.078988	4,905	387
41	RADIOLOGY-DIAGNOSTIC	.206664	100,914	20,855
41	01 C.T. SCAN	.047163	15,276	720
44	LABORATORY	.138751	522,312	72,471
44	01 G.I. LAB	.313903	9,142	2,870
44	02 VASCULAR LAB	.152905	35,931	5,494
44	03 LABORATORY-PATHOLOGY	.215395	21,618	4,656
47	BLOOD STORING, PROCESSING & TRANS.	.369575	36,377	13,444
49	RESPIRATORY THERAPY	.208432	295,525	61,597
50	PHYSICAL THERAPY	.380022	432,364	164,308
51	OCCUPATIONAL THERAPY	.358531	353,308	126,672
52	SPEECH PATHOLOGY	.452958	35,051	15,877
53	ELECTROCARDIOLOGY	.101584	16,188	1,644
54	ELECTROENCEPHALOGRAPHY	.100151	7,612	762
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.314615	256,720	80,768
56	DRUGS CHARGED TO PATIENTS	.308813	889,645	274,734
57	RENAL DIALYSIS	.191377		
59	SHOCK THERAPY	.716008	1,492	1,068
59	01 PAIN MANAGEMENT & OP CHEMO	.270402	5,673	1,534
59	02 DIABETES CARE CENTER	6.056938		
59	03 OP PSYCH	.543275		
59	04 CARDIAC REHAB	1.164538		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.294015		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.995543		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		3,057,286	858,691
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,057,286	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2008 I
 I 26-0180 I I

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		7,174,324	
26	INTENSIVE CARE UNIT		1,367,276	
27	CORONARY CARE UNIT		1,090,233	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.513382	987,239	506,831
38	RECOVERY ROOM	.276058	129,054	35,626
40	ANESTHESIOLOGY	.081650	230,204	18,796
41	RADIOLOGY-DIAGNOSTIC	.206752	3,016,831	623,736
41	01 C.T. SCAN	.047163	1,692,852	79,840
44	LABORATORY	.138751	5,861,677	813,314
44	01 G.I. LAB	.314472	205,327	64,570
44	02 VASCULAR LAB	.153934	259,211	39,901
44	03 LABORATORY-PATHOLOGY	.215395	129,232	27,836
47	BLOOD STORING, PROCESSING & TRANS.	.369575	1,269,110	469,031
49	RESPIRATORY THERAPY	.209259	2,612,797	546,751
50	PHYSICAL THERAPY	.380022	204,358	77,661
51	OCCUPATIONAL THERAPY	.358531	136,814	49,052
52	SPEECH PATHOLOGY	.452958	61,734	27,963
53	ELECTROCARDIOLOGY	.101584	2,264,303	230,017
54	ELECTROENCEPHALOGRAPHY	.100151	136,964	13,717
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.314615	1,084,808	341,297
56	DRUGS CHARGED TO PATIENTS	.308813	5,825,901	1,799,114
57	RENAL DIALYSIS	.191377	1,362,290	260,711
59	SHOCK THERAPY	.716008	12,668	9,070
59	01 PAIN MANAGEMENT & OP CHEMO	.270402		
59	02 DIABETES CARE CENTER	6.056938		
59	03 OP PSYCH	.543275		
59	04 CARDIAC REHAB	1.164538		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.294015	1,925,003	565,980
62	OBSERVATION BEDS (NON-DISTINCT PART)	.995543		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		29,408,377	6,600,814
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		29,408,377	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	35,076,720	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11,995,913	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	4,140,604	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		395.34
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		2.47
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		-1.49
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		.98
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		.95
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		.95
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		.98
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		.83
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		.92
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.002327
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.002475
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		.002327
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		44,618
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		15,259
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	59,877	59,877
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		7.45
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		15.65
4.02 SUM OF LINES 4 AND 4.01		23.10
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		8.27
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		3,892,907
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGs 652, 682 - 685. (SEE INSTRUCTIONS)		6,001

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	738	
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	12.30	
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	5,846	
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	1.131630	
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT	279,773	
6 SUBTOTAL (SEE INSTRUCTIONS)	55,445,794	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	55,445,794	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	4,503,359	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	18,639	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	12,539	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	17	
16 TOTAL	59,980,348	
17 PRIMARY PAYER PAYMENTS	27,047	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	59,953,301	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,813,920	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	800,048	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,800,307	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,260,215	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	56,599,548	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	56,599,548	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	55,937,791	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	661,757	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	1,908,000	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,457
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	13,248,449
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	11,513,740
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	57
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,457

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	6,800
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	6,800

CUSTOMARY CHARGES

11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	6,800
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5,343
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,457
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	11,513,797

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	428
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,811,544
19	SUBTOTAL (SEE INSTRUCTIONS)	8,703,282
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	3,294
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	8,706,576
24	PRIMARY PAYER PAYMENTS	13,067
25	SUBTOTAL	8,693,509

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	8,693,509
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	8,693,509
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,690,330
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	3,179
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		55,812,291		8,690,330
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	7/ 3/2008	125,500	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		125,500	NONE
4 TOTAL INTERIM PAYMENTS			55,937,791	8,690,330
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			661,757	3,179
7 TOTAL MEDICARE PROGRAM LIABILITY			56,599,548	8,693,509

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2009
I	26-0180	I	FROM 1/ 1/2008	I	WORKSHEET	E-1
I	COMPONENT NO:	I	TO 12/31/2008	I		
I	26-S180	I		I		

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,748,110		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,748,110		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01	850	
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,748,960		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,001,244		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,001,244		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	.01	916	
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM	.02		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,002,160		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
 SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	3,077,926
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0304
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	119,340
1.05	OUTLIER PAYMENTS	54,365
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	3,251,631
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.240437
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	3,251,631
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,251,631
7	DEDUCTIBLES	15,328
8	SUBTOTAL	3,236,303
9	COINSURANCE	25,600
10	SUBTOTAL	3,210,703
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	3,210,703
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	891
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/2009
I	26-0180	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I
I	26-T180	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,211,594
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,218,862
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-7,268
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,748,960
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,748,110
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	850
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I 26-5291 I I

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1				
	INPATIENT HOSPITAL/SNF/NF SERVICES			
2				
	MEDICAL AND OTHER SERVICES			
3				
	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4				
	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5				
	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6				
	SUBTOTAL			
7				
	INPATIENT PRIMARY PAYER PAYMENTS			
8				
	OUTPATIENT PRIMARY PAYER PAYMENTS			
9				
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10				
	ROUTINE SERVICE CHARGES			
11				
	ANCILLARY SERVICE CHARGES			
12				
	INTERNS AND RESIDENTS SERVICE CHARGES			
13				
	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14				
	TEACHING PHYSICIANS			
15				
	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16				
	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17				
	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18				
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19				
	RATIO OF LINE 17 TO LINE 18			
20				
	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21				
	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22				
	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23				
	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24				1,057,820
	OTHER THAN OUTLIER PAYMENTS			
25				
	OUTLIER PAYMENTS			
26				
	PROGRAM CAPITAL PAYMENTS			
27				
	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28				916
	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29				
	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30				
	SUBTOTAL			
31				1,058,736
	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32				1,058,736
	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33				
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
	EXCESS OF REASONABLE COST			
35				1,058,736
	SUBTOTAL			
36				56,576
	COINSURANCE			
37				
	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38				
	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01				
	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02				
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03				
	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39				
	UTILIZATION REVIEW			
40				1,002,160
	SUBTOTAL (SEE INSTRUCTIONS)			
41				
	INPATIENT ROUTINE SERVICE COST			
42				
	MEDICARE INPATIENT ROUTINE CHARGES			
43				
	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44				
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45				
	RATIO OF LINE 43 TO 44			
46				
	TOTAL CUSTOMARY CHARGES			
47				
	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48				
	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49				
	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50				
	OTHER ADJUSTMENTS (SPECIFY)			
51				
	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52				1,002,160
	SUBTOTAL			
53				
	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54				
	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55				1,002,160
	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56				
	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57				1,001,244
	INTERIM PAYMENTS			
57.01				
	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58				916
	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/26/08
I	26-0180	I	FROM 1/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART III
I	26-5291	I		I	

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES		2,132,009	
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		2,132,009	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		2,132,009	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		10,060,041	
11	ANCILLARY SERVICE CHARGES		38,953,501	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		49,013,542	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		49,013,542	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		46,881,533	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		2,132,009	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		3,406	
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		2,135,415	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		5,575	
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		5,575	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		9,604,661	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		-9,599,086	

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		2.47
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		-1.47
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		-1.47
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		.95
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		.95
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		.62
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		.62
3.10	SEE INSTRUCTIONS		.62
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		.62
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		.50
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		.42
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	.51
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		.51
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		78,937.95
3.18	SEE INSTRUCTIONS		40,258
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		40,258

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		44,627
5	TOTAL INPATIENT DAYS		81,914
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.544803
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	21,933	21,933
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		81,914
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		11,182,637

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS) 74,914,885
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 27,047
- 16 TOTAL PART A REASONABLE COST 74,887,838

PART B REASONABLE COST

- 17 REASONABLE COST 13,249,963
- 18 PRIMARY PAYER PAYMENTS 13,067
- 19 TOTAL PART B REASONABLE COST 13,236,896
- 20 TOTAL REASONABLE COST 88,124,734
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .849794
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .150206

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 21,933
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 18,639
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 3,294

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		2.47
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		-1.47
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		-1.47
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		.95
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		.95
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		.62
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		.62
3.10	SEE INSTRUCTIONS		.62
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		.62
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		.50
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		.42
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	.51
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		.51
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		78,937.95
3.18	SEE INSTRUCTIONS		40,258
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		40,258

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		11,343
5	TOTAL INPATIENT DAYS		81,914
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.138474
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	5,575	5,575
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		81,914
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES

TITLE XIX

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS)
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

5,575

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	-95,369,320			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	65,398,069			
5 OTHER RECEIVABLES	1,651,846			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-37,097,816			
7 INVENTORY	2,513,998			
8 PREPAID EXPENSES	1,520,601			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	-61,382,622			
FIXED ASSETS				
12 LAND	1,969,049			
12.01 LAND IMPROVEMENTS	6,217,462			
13.01 LESS ACCUMULATED DEPRECIATION	-4,831,766			
14 BUILDINGS	99,214,427			
14.01 LESS ACCUMULATED DEPRECIATION	-43,007,763			
15 LEASEHOLD IMPROVEMENTS	473,011			
15.01 LESS ACCUMULATED DEPRECIATION	-224,970			
16 FIXED EQUIPMENT	72,915,446			
16.01 LESS ACCUMULATED DEPRECIATION	-50,596,468			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	81,670,761			
18.01 LESS ACCUMULATED DEPRECIATION	-68,864,445			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	94,934,744			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	157,076,665			
26 TOTAL OTHER ASSETS	157,076,665			
27 TOTAL ASSETS	190,628,787			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,718,150			
29 SALARIES, WAGES & FEES PAYABLE	11,986,216			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,232,684			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	82,604,058			
36 TOTAL CURRENT LIABILITIES	101,541,108			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	44,002,932			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	105,848,838			
42 TOTAL LONG-TERM LIABILITIES	149,851,770			
43 TOTAL LIABILITIES	251,392,878			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-60,764,091			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-60,764,091			
52 TOTAL LIABILITIES AND FUND BALANCES	190,628,787			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		62,881,611		
2 NET INCOME (LOSS)		-24,881,639		
3 TOTAL		37,999,972		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CHNW NET GAIN	6,272,821			
6				
7				
8				
9				
10 TOTAL ADDITIONS		6,272,821		
11 SUBTOTAL		44,272,793		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 UNREALIZED LOSS MASTER TR	44,703,999			
14 MOB NET LOSS	928,872			
15 PHYSICIAN PRACTICE NET LO	3,669,740			
16 EXTRAORDINARY ITEM	54,858,475			
17 ADJUSTMENT	875,798			
18 TOTAL DEDUCTIONS		105,036,884		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-60,764,091		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CHNW NET GAIN				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 UNREALIZED LOSS MASTER TR				
14 MOB NET LOSS				
15 PHYSICIAN PRACTICE NET LO				
16 EXTRAORDINARY ITEM				
17 ADJUSTMENT				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	65,791,495		65,791,495
2 00 SUBPROVIDER	2,813,976		2,813,976
2 01 SUBPROVIDER 2	3,302,008		3,302,008
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,348,697		1,348,697
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	73,256,176		73,256,176
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	11,720,359		11,720,359
11 00 CORONARY CARE UNIT	9,435,636		9,435,636
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	21,155,995		21,155,995
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	94,412,171		94,412,171
17 00 ANCILLARY SERVICES	310,940,206	208,177,162	519,117,368
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES	65,249	15,642,634	15,707,883
24 00			
25 00 TOTAL PATIENT REVENUES	405,417,626	223,819,796	629,237,422

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		235,693,302	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 POB 1 EXPENSES	1,562,355		
35 00 GRAHAM MOB EXPENSES	555,123		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		2,117,478	
40 00 TOTAL OPERATING EXPENSES		233,575,824	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	629,237,422
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	415,595,416
3	NET PATIENT REVENUES	213,642,006
4	LESS: TOTAL OPERATING EXPENSES	233,575,824
5	NET INCOME FROM SERVICE TO PATIENTS	-19,933,818
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	-13,391,272
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,869,031
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	6,574,420
25	TOTAL OTHER INCOME	-4,947,821
26	TOTAL	-24,881,639
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-24,881,639

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV
 I 26-0180 I I

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,949,190
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	359,869
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	202.81
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.92
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.13
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	5,134
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	7.45
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	15.65
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	23.10
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.79
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	189,166
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,503,359
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	